

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 07, 2007
Secretary of State**

DOCUMENT# P05000109749

Entity Name: GATEWAY TO RECOVERY, INC.

Current Principal Place of Business:

660 LINTON BLVD. STE 112
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

660 LINTON BLVD. STE 112
DELRAY BEACH, FL 33444 US

New Mailing Address:

FEI Number: 16-1729460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

JAMES J. DOUGHERTY, P.A.
7491 NORTH FEDERAL HIGHWAY
C5300
BOCA RATON, FL 33487 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES J. DOUGHERTY, ESQ. 09/07/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: MELICHAR, MICHAEL
Address: 101 NW 18ST
City-St-Zip: DELRAY BEACH, FL 33444

Title: V () Delete
Name: LOPEZ, GILBERTO
Address: 101 NW 18TH ST
City-St-Zip: DELRAY BEACH, FL 33444

Title: S (X) Delete
Name: SCHECHTER, JAMES
Address: 660 LINTON BLVD. STE 112
City-St-Zip: DELRAY BEACH, FL 33446

Title: D (X) Delete
Name: JT HOLDINGS OF SOUTH, FLORIDA
Address: 111 NORTH M ST
City-St-Zip: LAKE WORTH, FL 33460 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: MELICHAR, MICHAEL
Address: 660 LINTON BLVD., STE. 112
City-St-Zip: DELRAY BEACH, FL 33444

Title: T (X) Change () Addition
Name: SCHECHTER, JAMES
Address: 660 LINTON BLVD., SUITE 112
City-St-Zip: DELRAY BEACH, FL 33444

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MELICHAR PSD 09/07/2007
Electronic Signature of Signing Officer or Director Date