

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000162128</b> 1. Entity Name NORTHGATE GENERAL PARTNER, INC.			
Principal Place of Business 1555 PALM BEACH LAKES BLVD., STE. 310 C/O HARRIS CRAMER LLP WEST PALM BEACH, FL 33401		Mailing Address 1555 PALM BEACH LAKES BLVD., STE. 310 C/O HARRIS CRAMER LLP WEST PALM BEACH, FL 33401	
2. Principal Place of Business - No P.O. Box # c/o Harris Cramer LLP Suite, Apt. #, etc. 1555 Palm Beach Lakes Blvd. Ste 310		3. Mailing Address c/o Harris Cramer LLP Suite, Apt. #, etc. 1555 Palm Beach Lakes Blvd. Ste. 310	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33401	Country U.S.	Zip 33401	Country U.S.
4. FEI Number 51-0562780		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HARRIS CRAMER LLP 1555 PALM BEACH LAKES BLVD., STE. 310 C/O HARRIS CRAMER LLP WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent  Name Harris Cramer LLP Street Address (P.O. Box Number is Not Acceptable) 1555 Palm Beach Lakes Blvd. Suite 310 City West Palm Beach FL Zip Code 33401	
8. 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           SIGNATURE:   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <b>Harris Cramer LLP by Daryl Cramer &amp; Associates, P.A., Partner, by Daryl B. Cramer, President</b> </div> <div style="width: 20%; text-align: right;"> <b>3/30/07</b>  <small>DATE</small> </div> </div>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LUCCHESI, FABRIZIO 105 W. BEAVER CREEK, STES., 9 & 10 RICHMOND HILL, ONTARIO, CA., L4 B1C6	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT MYERS, WILLIAM P. 105 W. BEAVER CREEK, STES., 9 & 10 RICHMOND HILL, ONTARIO, CA., L4 B1C6	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		Date: March 6, 2007 Daytime Phone #: 905-882-1212	