2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000164919

Entity Name: GATEWAY GLOBAL SERVICES, INC.

FILED Jan 28, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

9 TROPICAL PARK RD.
MEADWOOD FARMS
OCALA, FL 34482-662 US
9 TROPICAL PARK RD.
MEADWOOD FARMS
OCALA, FL 34482-662 US
OCALA, FL 34482-662 US

Current Mailing Address: New Mailing Address:

9 TROPICAL PARK RD.
MEADWOOD FARMS
OCALA, FL 34482-662 US
9 TROPICAL PARK RD.
MEADWOOD FARMS
OCALA, FL 34482-662 US

FEI Number: 57-1227363 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PARNELL, LEDFORD
1515 UNIVERSITY DRIVE
SUITE 230
CORAL SPRINGS, FL 33071 US

PARNELL, LEDFORD
5566 W. OAKLAND PK BLVD
SUITE 200
FORT LAUDERDALE, FL 33313 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: LEDFORD A. PARNELL 01/28/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PRES (X) Change () Addition
Name: SCOTT, LAURIE J

Address: 213 HILL CREST DRIVE

Address: 213 HILLCREST DRIVE Address: 213 HILLCREST DRIVE City-St-Zip: HAMILTON, IL 62341 City-St-Zip: HAMILTON, IL 62341

Title: VP () Delete Title: () Change () Addition

 Name:
 DUPONT, JASON A
 Name:

 Address:
 9 TROPICAL PARK, MEADOWOOD FARMS
 Address:

 City-St-Zip:
 OCALA, FL 34482-662 US
 City-St-Zip:

Title: SEC () Delete Title: () Change () Addition

 Name:
 HARRIS, L. S
 Name:

 Address:
 213 HILLCREST DRIVE
 Address:

 City-St-Zip:
 HAMILTON, IL 62341
 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: LAURIE J. SCOTT PRES 01/28/2009