
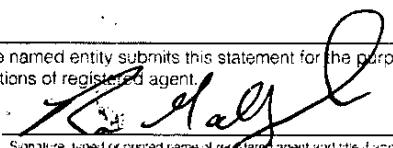
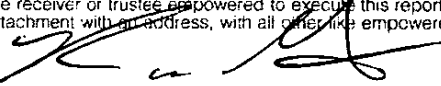


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90009 039 \*\*\*150.00

<b>DOCUMENT # P06000079088</b>			
1. Entity Name <b>EXPERT GATE, INC.</b>			
Principal Place of Business <b>235 RIDGE ROAD PALM HARBOR FL 34683 US</b>		Mailing Address <b>235 RIDGE ROAD PALM HARBOR FL 34683 US</b>	
2. Principal Place of Business - No P.O. Box # <b>121 CRYSTAL BEACH AVE.</b>		3. Mailing Address <b>P.O. Box 1160</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>CRYSTAL BEACH, FLORIDA</b>		City & State <b>CRYSTAL BEACH, FL</b>	
Zip <b>34681</b>	Country <b>U.S.A.</b>	Zip <b>34681</b>	Country <b>U.S.A.</b>
6. Name and Address of Current Registered Agent <b>GALLAGHER, ROSS M 235 RIDGE ROAD PALM HARBOR FL 34683</b>		4. FEI Number <b>20-5011865</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		<b>FL</b> Zip Code	
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.			
SIGNATURE 		ROSS GALLAGHER, PRESIDENT 2/12/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GALLAGHER, ROSS M 235 RIDGE ROAD PALM HARBOR FL 34683</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GALLAGHER, ROSS M P.O. Box 1160 CRYSTAL BEACH, FL 34681</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GALLAGHER, CALVIN M 718-A OHIO AVENUE PALM HARBOR FL 34683</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 Section 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: 		2/12/08 787-858-3214	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	