

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90192 049 \*\*\*150.00

<b>DOCUMENT # P06000123998</b> 1. Entity Name <b>LIGHTGATE GROUP, INC.</b>					
Principal Place of Business <b>8758 SW 12 ST</b> <b># 107</b> <b>MIAMI, FL 33174 US</b>			Mailing Address <b>8758 SW 12 ST</b> <b># 107</b> <b>MIAMI, FL 33174 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1275 W 35 ST</b> Suite, Apt. #, etc. <b>7B</b>		3. Mailing Address <b>1275 W 35 ST</b> Suite, Apt. #, etc. <b>7B</b>			
City & State <b>HALEAH, FL</b>		City & State <b>HALEAH, FL</b>		4. FEI Number <b>20-5617528</b>	
Zip <b>33012</b>		Country <b>DADE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CASTRO, BERTA</b> <b>8758 SW 12 ST</b> <b>#107</b> <b>MIAMI, FL 33174</b>				7. Name and Address of New Registered Agent Name <b>CASTRO, BERTA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1275 W 35 ST #7B</b> City <b>HALEAH</b> <b>FL</b> Zip Code <b>33012</b>	
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 <i>Berta Castro</i> <span style="float: right;">DATE _____</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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	P CASTRO, BERTA 8758 SW 12 ST #107 MIAMI, FL 33174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTRO, BERTA 1275 W 35 ST #7B HALEAH, FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTRO, BERTA 8758 SW 12 ST #107 MIAMI, FL 33174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTRO, BERTA 1275 W 35 ST #7B HALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTRO, BERTA 8758 SW 12 ST #107 MIAMI, FL 33174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTRO, BERTA 1275 W 35 ST #7B HALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTRO, BERTA 8758 SW 12 ST #107 MIAMI, FL 33174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTRO, BERTA 1275 W 35 ST #7B HALEAH, FL 33012	<input type="checkbox"/> Delete			
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: <i>Berta Castro</i> <span style="float: right;"><i>4/16/07</i></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					