


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90029 006 \*\*\*150.00

<b>DOCUMENT # P94000014712</b>	
1. Entity Name <b>MAIN GATE MANAGEMENT, INC.</b>	

Principal Place of Business <b>5678 IRLO BRONSON HWY KISSIMMEE, FL 34746</b>	Mailing Address <b>5678 IRLO BRONSON HWY KISSIMMEE, FL 34746</b>
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2. Principal Place of Business	3. Mailing Address <b>13513 BUCK HORN RUN CT</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State <b>ORLANDO, FL</b>
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Zip	Country	Zip <b>32837</b>	Country <b>USA</b>
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40000000



01042006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3222906</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CASSARA, MICHAEL D JR 5678 IRLO BRONSON HWY KISSIMMEE, FL 34746</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	<b>13513 BUCK HORN RUN CT</b>
City	<b>ORLANDO FL</b>
Zip Code	<b>32837</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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CASSARA, MICHAEL D JR 5678 IRLO BRONSON HWY KISSIMMEE, FL 34746</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>13513 BUCK HORN RUN CT ORLANDO FL 32837</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V LANDWIRTH, HENRI 229 ROYAL TERN NORTH PONTE VEDRA BEACH, FL 32082</b> <input checked="" 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	<b>V RUDMAN, ED 100 FEDERAL STE 37TH FL BOSTON, MA 02110</b> <input checked="" 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	<b>D GLENN, JOHN 7208 EAGLE RIDGE DR. BETHESDA, MD 20817</b> <input checked="" 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	<b>ST WHAPLES, TERRY 14500 CONTINENTAL GATEWAY ORLANDO, FL 32821</b> <input checked="" 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	<b>SECRETARY TREASURER DAVID FRANK MCKIM 5678 IRLO BRONSON HWY KISSIMMEE FL 34746</b> <input type="checkbox"/> Change <input checked="" 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:**  **MICHAEL D. CASSARA**  
PRESIDENT 1/4/06 407-387-1801