
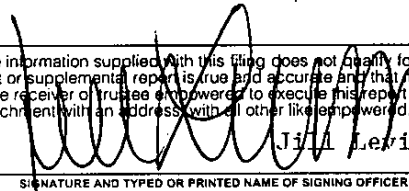


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90114 032 ***150.00

DOCUMENT # P94000085839 1. Entity Name MARGATE CORPORATE, INC.					
Principal Place of Business 21301 POWERLINE RD SUITE 312 BOCA RATON, FL 33433 US			Mailing Address PO BOX 11229 KNOXVILLE, TN 37939 US		
2. Principal Place of Business 925 SOUTH FEDERAL HIGHWAY		3. Mailing Address Suite, Apt. #, etc. SUITE 425			
Suite, Apt. #, etc. SUITE 425		Suite, Apt. #, etc. SUITE 425		03132006 Chg-P CR2E034 (11/05)	
BOCA RATON, FL		City & State BOCA RATON, FL		4. FEI Number 59-3281517	
Zip 33432		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALTERS, CLIFFORD L 802 11TH STREET WEST BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEVIN, RICHARD <input type="checkbox"/> Delete 1733 WEST FLETCHER AVENUE TAMPA, FL 33612		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LEVIN, RICHARD 340 S. PALM AVENUE, APT. 45 SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD <input type="checkbox"/> Delete STEVEN LEVIN 21301 POWERLINE ROAD SUITE #312 BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LEVIN, STEVEN 925 SOUTH FEDERAL HIGHWAY, SUITE 425 BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS <input type="checkbox"/> Delete SUZANNE RICE 1733 W FLETCHER AVE TAMPA, FL 33612		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MARK A FERRUCCI 1209 ORANGE STREET WILMINGTON, DE 19801		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete LEVIN, JILL 5410 HOMBERG DR STE A KNOXVILLE, TN 37919		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	
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: 		Jill Levin, Treasurer		3/24/06 (865) 584-4175	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					