

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90008 007 \*\*\*150.00

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02192007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P94000085839</b> 1. Entity Name <b>MARGATE CORPORATE, INC.</b>					
Principal Place of Business <b>925 S FEDERAL HWY, STE 425</b> <b>BOCA RATON, FL 33432 US</b>			Mailing Address <b>PO BOX 11229</b> <b>KNOXVILLE, TN 37939 US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3281517</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>WALTERS, CLIFFORD L</b> <b>802 11TH STREET WEST</b> <b>BRADENTON, FL 34205</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>LEVIN, RICHARD</b> <b>340 S PALM AVE, APT 45</b> <b>SARASOTA, FL 34236</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VSD</b> <b>STEVEN LEVIN</b> <b>925 S FEDERAL HWY, STE 425</b> <b>BOCA RATON, FL 33432</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VS</b> <b>SUZANNE RICE</b> <b>1733 W FLETCHER AVE</b> <b>TAMPA, FL 33612</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MARK A FERRUCCI</b> <b>1209 ORANGE STREET</b> <b>WILMINGTON, DE 19801</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>LEVIN, JILL</b> <b>5410 HOMBERG DR STE A</b> <b>KNOXVILLE, TN 37919</b>		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 reports 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.					
<b>SIGNATURE:</b> <b>Jill Levin, Treasurer</b> <b>2/19/07</b> <b>(865) 584-4175</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					