


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P96000027091</b>	
1. Entity Name PAULGATE HOLDINGS, INC.	

Principal Place of Business 2875 N.E. 191ST ST. SUITE 404 N MIAMI BEACH, FL 33180	Mailing Address 2875 N.E. 191ST ST. SUITE 404 N MIAMI BEACH, FL 33180
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01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0664748	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  REINHARD, SANFORD N 2875 N.E. 191ST ST. SUITE 404 N MIAMI BEACH, FL 33180
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOLDLIST, PAUL 123 DEWBOURNE AVE. TORONTO, ONT., m6c 1y6
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GOLDLIST, RENEE 123 DEWBOURNE AVE. TORONTO, ONT., m6c 1y6
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GOLDLIST, BARRY DAVID 123 DEWBOURNE AVE. TORONTO, ONT., m6c 1y6
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>000000862552 04/03/08-80053-020 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.

<b>SIGNATURE:</b> 	<b>2/10/08</b>	<b>416-782-6569</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #