


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90249 004 ***150.00

DOCUMENT # P96000051069	
1. Entity Name FOSGATE ENTERPRISES, INC.	

Principal Place of Business 481 STATE ROAD 434 #139 ALTAMONTE SPRINGS, FL 32714	Mailing Address 481 STATE ROAD 434 #139 ALTAMONTE SPRINGS, FL 32714
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2. Principal Place of Business 491 STATE ROAD 434 Suite, Apt. #, etc. # 139	3. Mailing Address 5650 Elizabeth Rose Sq Suite, Apt. #, etc.
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City & State Altamonte Springs, FL	City & State Orlando, FL
Zip 32714	Zip 32810
Country Seminole	Country ORANGE



04272004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3384846	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHEAR, ROBERT L 2600 MCCORMICK DRIVE SUITE 230 CLEARWATER, FL 34619
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: David Gatz **DAVID GATZ** **4/27/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GATZ, DAVID		NAME	
STREET ADDRESS 481 STATE ROAD 434 #139		STREET ADDRESS	
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BIACHE, JANICE		NAME	
STREET ADDRESS 481 STATE ROAD 434 #139		STREET ADDRESS	
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David Gatz **DAVID GATZ** **4/27/04** **407-521-5744**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #