2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000015374

Address:

City-St-Zip:

1206 OXFORD ST

BERKLEY, CA 94709

Entity Name: GATEWAY BUSINESS CENTRE MANAGEMENT, INC.

FILED Apr 18, 2005 Secretary of State

Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
3093 46TH AVE NORTH ST PETERSBURG, FL 337143015				9741 INTERNATIONAL COURT NORTH ST PETERSBURG, FL 33716	
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
3093 46TH AVE NORTH ST PETERSBURG, FL 337143015			9741 INTERNATIONAL COURT NORTH ST PETERSBURG, FL 33716		
FEI Number	: 65-0750759 FEI I	Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addr	Name and Address of New Registered Agent:	
33 EAST [I, JEROME DILIDO DR ACH, FL 33139 U	s			
	named entity submit e of Florida.	s this statement for the	ourpose of changing its regi	stered office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Ca	mpaign Financing Trust	Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () Delete FLEEMAN, GREGORY 1220 VISTA TRAIL NE ATLANTA, GA 30324	D	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete FLEEMAN, JEROME 33 EAST DILIDO DRIV MIAMI BEACH, FL 331	E	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	D () Delete		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JEROME FLEEMAN DR. 04/18/2005