


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 08:00 A.
Secretary of State

DOCUMENT # P97000039400

1. Entity Name
STONEGATE MANAGEMENT CORP.



| | |
|--|--|
| Principal Place of Business 3145 N.W. 38TH STREET MIAMI, FL 33142 | Mailing Address 3145 N.W. 38TH STREET MIAMI, FL 33142 |
|--|--|

DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 65-0771321 | 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

**RACY, SCOTT
 3145 N.W. 38TH STREET
 MIAMI, FL 33142**

DO NOT WRITE IN THIS SPACE

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 _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RACY, SCOTT 3145 N.W. 38TH STREET MIAMI, FL 33142 |
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 05/20/06-80012-003 150.00

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: Scott Racy **SCOTT RACY** 4/30/06 786-279-5913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #