


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**04 FEB 12 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**


DOCUMENT # P97000061383	
1. Entity Name GATEHOUSE CORPORATION	

Principal Place of Business 898 5TH AVENUE SOUTH SUITE 302 NAPLES, FL 34102	Mailing Address 229 NORTH COLLIER BLVD MARCO ISLAND, FL 34145 US
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2. Principal Place of Business	3. Mailing Address 821 FIFTH AVENUE SOUTH
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 201

City & State	City & State NAPLES, FLORIDA
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Zip	Country	Zip 34102	Country USA
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02102004	Chg-P CR2E034 (10/03) <i>MRS</i>
4. FEI Number 59-3483699	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OSTROW, STEPHEN R 229 NORTH COLLIER BLVD MARCO ISLAND, FL 34145		7. Name and Address of New Registered Agent	
		Name LISA H. BARNETT, ESQ.	
		Street Address (P.O. Box Number is Not Acceptable) 821 FIFTH AVENUE SOUTH, SUITE 201	
		City NAPLES	FL Zip Code 34102

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.

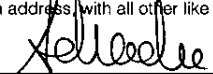
SIGNATURE  **LISA H. BARNETT, ESQ.** 02/11/04

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 NAME STREET ADDRESS CITY-ST-ZIP	DP SCHACHE, HANS J HANS-DUIRMEIER-WOG 12 MUNCHER, GERMANY, 80339 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100029250701 02/23/04--01071--014 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SCHACHE, SUSANNE FRIEDHOFSTRABE 9D ASCHEM DORDACH, GERMANY, 85609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D SCHACHE, SUSANNE FRIEDHOFSTRA 9a 85609 ASCHHEIM, GERMANY <input checked="" 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
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
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 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:  **Susanne Schache, President** 02/11/04 01149-172-8364-100

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