2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000063221

1. Entity Name
HARGATE, INC.



FILED
Mar 13, 2006 08:00 A
Secretary of State

Principal Place of Business

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET AGORESS
CITY-ST-ZIP

Mailing Address

2875 NE 191ST STREET SUITE 404 AVENTURA, FL 33180 2875 NE 191ST STREET SUITE 404 AVENTURA, FL 33180



DO NOT WRITE IN THIS SPACE

01062006 No Chg-P CR2E034 (11/05)

4. FEI Number | Applied |
65-0854112 | Not Applied |

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REINHARD, SANFORD N 2875 NE 191ST STREET SUITE 404 AVENTURA, FL 33180

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 1 am familiar with, and a the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstaling) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TIFLE SMAM GOLDLIST, HARRY STREET MODRESS 1 CLARK AVENUE WEST, UNIT 104 CITY-ST-ZIP THORNHILL, ONTARIO, 14) 7y6 TITYE 0.000000454968 03.22706-3007-008 150.00 GOLDLIST, BARRY GORDON MANAE STREET ADDRESS 138 GREY RD. CRTY-ST-ZIP TORONTO, ONTARIO, m5m 4g1 TITLE MAME RAPP, PAULINE STREET ADDRESS 24 MCMORRAN CRESCENT DO NOT WRITE CITY - ST- ZIP THORNHILL, ONTARIO, 14j 2t5 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the 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 efficient 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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY S. GOLOLIST 1/26/06 4/6 822 8