


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000063230**

1. Entity Name  
**PAULINGATE, INC.**



Principal Place of Business <b>2875 NE 191ST STREET SUITE 404 AVENTURA, FL 33180</b>	Mailing Address <b>2875 NE 191ST STREET SUITE 404 AVENTURA, FL 33180</b>
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01062006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0854108</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	VP RAPP, PAULINE 24 MCMORRAN CRESCENT THORNHILL, ONTARIO, l4j 2i5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDLIST, HARRY 1 CLARK AVENUE WEST UNIT 1104 THORNHILL, ONTARIO, l4j 7y6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDLIST, BARRY G 138 GREY ROAD TORONTO, ONTARIO, m5m 4g1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000465655  
03/22/06-80043-013 150.00

**DO NOT WRITE IN THIS SPACE**

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:  **BARRY G. GOLDLIST** 1/26/06 416 822 9792  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #