2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000005042

Current Principal Place of Business:

Title:

Title:

Title:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

Entity Name: GATEKEEPER BUSINESS SOLUTIONS, INC.

FILED Oct 19, 2009 Secretary of State

New Principal Place of Business:

1166 WEST NEWPORT CENTER DR SUITE 310 DEERFIELD BEACH, FL 33442 **New Mailing Address: Current Mailing Address:** 1166 WEST NEWPORT CENTER DR SUITE 310 DEERFIELD BEACH, FL 33442 FEI Number: 65-0884405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PATTERSON, MICHAEL DOMSICZ, SHELLEY 1166 WEST NEWPORT CENTER DR 1166 WEST NEWPORT CENTER DR SUITE 310 SUITE 310 DEERFIELD BEACH, FL 33442 US DEERFIELD BEACH, FL 33442 US 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. SIGNATURE: SHELLEY DOMSICZ 10/19/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ARON, RICHARD Name: Name: 30 WINDERMERE LANE Address: Address: City-St-Zip: STAMFORD, CT 06902 City-St-Zip: Title: Title: () Delete () Change () Addition Name: ENDELSON, KENNETH Name: 7027 VALENCIA DRIVE Address: Address: BOCA RATON, FL 33433 City-St-Zip: City-St-Zip: () Delete (X) Change () Addition Title: Title: GOLDSTEIN, DONALD QUAINTANCE, JOHN Name: Name: 3115 S. OCEAN BLVD. 333 LAS OLAS WAY Address: Address: City-St-Zip: HIGHLAND BEACH, FL 33487 City-St-Zip: FT. LAUDERDALE, FL 33301

Name: MEYERSON, DAVID
Address: Address: 7172 MANDARIN DRIVE
City-St-Zip: City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Title:

Title:

Name:

Title:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SECR

DOMSICZ, SHELLEY

16052 VIA MONTEVERDE

DELRAY BEACH, FL 33446

SIGNATURE: SHELLEY DOMSICZ SEC 10/19/2009

() Delete

() Delete

() Delete

LEWIN, GERALD

SECR

7050 AYRSHIRE LANE

PATTERSON, MIKE

BOCA RATON, FL 33496

22332 COLLINGTON DR

BOCA RATON, FL 33428

() Change () Addition

(X) Change () Addition

() Change (X) Addition