

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90018 017 ***150.00

DOCUMENT # P99000037002
 1. Entity Name
 TELEGATE, INC.



Principal Place of Business: 100 S BISCAYNE BLVD. SUITE ~~400~~ 900 MIAMI, FL 33131
 Mailing Address: 100 S BISCAYNE BLVD. SUITE ~~400~~ 900 MIAMI, FL 33131

40039234



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

01162007 Chg-P CR2E034 (12/06)

3. Mailing Address
 City & State

4. FEI Number: 65-0924911
 Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HOLLO, JEROME
 100 S. BISCAYNE BLVD
 SUITE ~~400~~ 900
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____
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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: HOLLO, TIBOR STREET ADDRESS: 100 S BISCAYNE BLVD. STE 400 900 CITY-ST-ZIP: MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE: D NAME: HOLLO, WAYNE STREET ADDRESS: 100 S BISCAYNE BLVD. STE 400 900 CITY-ST-ZIP: MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE: D NAME: HOLLO, JEROME S STREET ADDRESS: 100 S BISCAYNE BLVD. STE 400 900 CITY-ST-ZIP: MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: T NAME: Leonard Katz STREET ADDRESS: 100 S Biscayne Blvd CITY-ST-ZIP: Miami, FL 33131 ste 900	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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

1022-6310