2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V44983

1. Entity Name

GATEWAY BOULEVARD CORPORATION



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

Principal Place of Business

1001 E. ATLANTIC AVE #202 DELRAY BEACH, FL 33483 US Mailing Address

1000 MARKET ST BLDG 1

PORTSMOUTH, NH 03801

US



n	NOT	WRITE	IN THIS	SPACE
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01232006 No Chg-P CR2E034 (11/05)

4.	FEI Number
	65-0356004

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST.

DO NOT WRITE

TALLAHASSEE, FL 32301				IN THIS SPACE			
	named entity submits this statement for the plans of registered agent.	purpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title	Il applicable (NOTE, Registered A	em signaluri	required when reinstating	OATE		
	E NOWIII FEE IS \$150,00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financial Trust Fund Cantribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
ITILE NAME SIFEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALSH, MARK 1001 E. ATLANTIC AVE #202 DELRAY BEACH, FL 33483 V WALSH, MICHAEL 1001 E. ATLANTIC AVE #202 DELRAY BEACH, FL 33483				::::::::::::::::::::::::::::::::::::::		
TUTLE NAME SUBJECT ADDRESS CITY-ST-ZIP	V WALSH, WILLIAM 1000 MARKET ST BLDG 1 PORTSMOUTH, NH 03801		DO NOT WRITE				
HITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRITCHFIELD, RICHARD H 1001 E. ATLANTIC AVE #202 DELRAY BEACH, FL 33483		IN THIS SPACE				
TITLE NAME							

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 507, 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.

STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO