

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # V55931**

1. Entity Name  
**NORTHGATE FINANCING, INC.**



Principal Place of Business

**C/O HARRIS CRAMER, LLP  
1555 PALM BEACH LAKES BLVD, STE 310  
WEST PALM BEACH, FL 33401 US**

Mailing Address

**C/O HARRIS CRAMER, LLP  
1555 PALM BEACH LAKES BLVD, STE 310  
WEST PALM BEACH, FL 33401 US**



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0349961**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRIS CRAMER LLP  
1555 PALM BEACH LAKES BLVD, STE 310  
WEST PALM BEACH, FL 33401**

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000480152  
04/10/06-80031-024 158.75**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PO  
MYERS, WILLIAM P  
105 WEST BEAVER CREEK, UNITS 9 & 10  
RICHMOND HILL, ONT, CA 14b 1c6**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**STD  
LUCCHESI, FABRIZIO  
105 WEST BEAVER CREEK, UNITS 9 & 10  
RICHMOND HILL, ONT, CA 14b 1c6**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
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NAME  
STREET ADDRESS  
CITY- ST- ZIP

**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 637, 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]*, Fabrizio Lucchese

2/22/06

905-882-1212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #