2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND PEQ

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

May 03, 2005 8:00 am Secretary of State 05-03-2005 90141 025 ***150.00 **DOCUMENT #856052** 1. Entity Name WINGATE DEVELOPMENT CORP. Principal Place of Business Mailing Address 50046976 63 KENDRICK ST 63 KENDRICK ST NEEDHAM, MA 02494 NEEDHAM, MA 02494 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292005 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable 04-2497459 Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOCKARD, T. GENE Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 City Zip Code Fl 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **√** Addition TITLE ☐ Delete NAME SCHUSTER, SCOTT NAME 63 Kendrick St 63 KENDRICK ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEEDHAM, MA 02494 CITY-ST-ZIP Addition Delete TITLE Change NAJARIAN, ROBERT G NAME NAME 63 KENDRICK ST STREET ADORESS STREET ADDRESS CITY-ST-ZIP NEEDHAM, MA 02494 CITY-ST-7IP TITLE TD Delete TITLE CALLAHAN, BRIAN NAME NAME STREET ADORESS 63 KENDRICK ST STREET ADDRESS CITY-ST-ZIP NEEDHAM, MA 02494 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE BENJAMIN, SECRETARY NAME NAME STREET ADDRESS STREET ADDRESS 63 KENDRICK ST NEEDHAM, MA 02494 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 of powered 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 addressy with all other like empowered.

FILED