



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 856052 1. Entity Name WINGATE DEVELOPMENT CORP.			
Principal Place of Business 63 KENDRICK ST NEEDHAM, MA 02494		Mailing Address 63 KENDRICK ST NEEDHAM, MA 02494	
DO NOT WRITE IN THIS SPACE			
		01232006 No Chg-P CRZE034 (11/05)	
		4. FEI Number 04-2497459	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LOCKARD, T. GENE 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rechartering)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000421189 02/16/06-80026-016 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHUSTER, SCOTT 63 KENDRICK ST NEEDHAM, MA 02494		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NAJARIAN, ROBERT G 63 KENDRICK ST NEEDHAM, MA 02494		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CALLAHAN, BRIAN 63 KENDRICK ST NEEDHAM, MA 02494		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENJAMIN, SECRETARY 63 KENDRICK ST NEEDHAM, MA 02494		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SCHUSTER, GERALD 63 KENDRICK ST NEEDHAM HEIGHTS, MA 02494		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GILBERTI, ENRICO 63 KENDRICK ST NEEDHAM HEIGHTS, MA 02494		
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: <i>Dean Siflinger</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/1/06 781-707-9000 Date Daytime Phone #	