


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000006353 1. Entity Name GK DEVELOPMENT, INC.	
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Principal Place of Business 303 E MAIN STREET SUITE 201 BARRINGTON, IL 60010	Mailing Address 303 E MAIN STREET SUITE 201 BARRINGTON, IL 60010
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-4052786	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

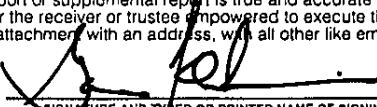
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KHOLAMIAN, GARO 303 E MAIN STREET, STE 201 BARRINGTON, IL 60010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAST, CHARLENE 303 E MAIN STREET, STE 201 BARRINGTON, IL 60010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KVETON, GREG 303 E MAIN STREET, STE 201 BARRINGTON, IL 60010
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000740933
05/15/07-80003-010 150.00

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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:  **4/26/07** 847-277-2016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #