

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002102

Entity Name: EGER PROPERTIES CO.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

375 W HAZELTON AVE
STOCKTON, CA 95206

New Principal Place of Business:

Current Mailing Address:

C/O HOLLAND & KNIGHT
PO BOX 1288
TAMPA, FL 33601

New Mailing Address:

FEI Number: 68-0316847 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CVP () Delete
Name: MORRISON, JAMES U
Address: 7774 STILL LAKES DRIVE
City-St-Zip: ODESSA, FL 33556

Title: DP () Delete
Name: REPAR, LAWRENCE
Address: 547 RIVIERA DRIVE
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: MACISAAC, STEVE
Address: 2823 W. FOUNTAIN BLVD.
City-St-Zip: TAMPA, FL 33609

Title: S () Delete
Name: ULSTER, HARLEY
Address: 37 STRATHEARN BLVD.
City-St-Zip: TORONTO, ONTARIO M5P 1S9,

Title: T (X) Delete
Name: TUBBESING, ROBERT
Address: 19 SIR WILLIAMS LANE
City-St-Zip: ETOICOKE, ONTARIO M9A 1T8,

Title: AS () Delete
Name: HEWLETT, TREVOR A
Address: ONE NORTH DALE MABRY HWY, STE 950
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ROSE, MURPHY
Address: 1 N. DALE MABRY HIGHWAY
City-St-Zip: TAMPA, FL 33609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TREVOR HEWLETT

AS

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date