

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000071712 1. Entity Name EGS DEVELOPMENT, INC.	
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Principal Place of Business 3133 SW 25TH STREET PEMBROKE PARK, FL 33009 US	Mailing Address 3133 SW 25TH STREET PEMBROKE PARK, FL 33009 US
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01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3462376	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

ZACK, GARY
10833 NW 66 DR.
PARKLAND, FL 33076

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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 _____

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	D ZACK, GARY 10233 NW 68 DR. PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVIOLETTE, ROBERT R 4905 SW 90TH AVENUE COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000584234
01/12/07-80029-008 150.00

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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:  **ROBERT R. LAVIOLETTE** 1/9/07 954-964-1441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #