2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 831028

1. Entity Name

FIRST GENERATION, INC.

FILED

2006 DEC 14 AM 10: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5275 SUFFOLK DRIVE BOCA RATON FL 33496	5275 SUFFOLK DRIVE BOCA RATON FL 33496

1st MOORE   CR2E034 (10/05)   66

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 11-2248705   Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIMAN, JEFFREY
5275 SUFFOLK DRIVE
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City   FL   Zip Code

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 _____ Rhoda Kleiman Jeffrey _____ 12/11/06

Signature (typed or printed name of registered agent and title if applicable)   (NOTE: Registered Agent signature required when relating)   DATE

> **FILE NOW!!! FEE IS $150.00**
> After May 1, 2006 Fee Will Be $550.00
> Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P ☐ Delete **NAME** KLEIMAN, RHODA **STREET ADDRESS** 5275 SUFFOLK DRIVE **CITY-ST-ZIP** BOCA RATON FL 33436	**TITLE** ☐ Change ☐ Addition **NAME** 200082255572 **STREET ADDRESS** 12/04/06--01050--005 **200.00** **CITY-ST-ZIP**
TITLE VP ☐ Delete **NAME** KLEIMAN, JEFFREY **STREET ADDRESS** 5275 SUFFOLK DRIVE **CITY-ST-ZIP** BOCA RATON FL 33496	**TITLE** ☐ Change ☐ Addition **NAME** 200082255572 **STREET ADDRESS** 12/14/06--01026--008 **550.00** **CITY-ST-ZIP**
TITLE ☐ Delete **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	**TITLE** ☐ Change ☐ Addition **NAME** **STREET ADDRESS** **CITY-ST-ZIP**
TITLE ☐ Delete **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	**TITLE** ☐ Change ☐ Addition **NAME** **STREET ADDRESS** **CITY-ST-ZIP**
TITLE ☐ Delete **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	**TITLE** ☐ Change ☐ Addition **NAME** **STREET ADDRESS** B 12/15/06 STATEMENT 06 **CITY-ST-ZIP**
TITLE ☐ Delete **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	**TITLE** ☐ Change ☐ Addition **NAME** **STREET ADDRESS** **CITY-ST-ZIP**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Rhoda Kleiman   11/25/06   (561) 999-0993

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