


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 831028
 1. Entity Name
FIRST GENERATION, INC.



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

DO NOT WRITE IN THIS SPACE



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number 11-2248705	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

KLEIMAN, JEFFREY
5275 SUFFOLK DRIVE
BOCA RATON, FL 33496

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

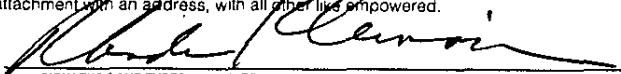
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 03/11/08-80064-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLEIMAN, RHODA 5275 SUFFOLK DRIVE BOCA RATON, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLEIMAN, JEFFREY 5275 SUFFOLK DRIVE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2/28/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #