
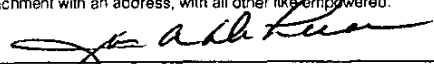


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

08 FEB 14 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000003989		
1. Entity Name PROSPERITY GEN-PAR, INC.		
Principal Place of Business 5427 BAY CENTER DR, SUITE 600 TAMPA, FL 33609 US		Mailing Address 5427 BAY CENTER DR, SUITE 600 TAMPA, FL 33609 US
2. Principal Place of Business - No P.O. Box # 5426 Bay Center Drive		3. Mailing Address 5426 Bay Center Drive
Suite, Apt. #, etc. 600		Suite, Apt. #, etc. 600
City & State Tampa, FL		City & State Tampa, FL
Zip 33609	Country USA	Country USA
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C ROTHENBERG, STUART M 85 BROAD STREET NEW YORK, NY 10004 <input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700121258227 03/25/08--01058--014 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO BEST, THILO D 5102 W. LAUREL STREET TAMPA, FL 33607 <input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5426 Bay Center Drive Suite 600 Tampa, Florida 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO DELUCA, JON A 5102 W. LAUREL STREET TAMPA, FL 33607 <input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5426 Bay Center Drive Suite 600 Tampa, Florida 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS TRIBOLET, PATRICK 100 CRESCENT COURT, SUITE 1000 DALLAS, TX 75201 <input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Chief Operating Officer and Vice President Stephen Benjamin 5426 Bay Center Drive Suite 600 Tampa, Florida 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FERGUSON, THOMAS D 100 CRESCENT COURT, SUITE 1000 DALLAS, TX 75201 <input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President and Secretary Robert Ezer 100 Milverton Drive, Suite 700 Mississauga, Ontario, L5R 4H1, Canada
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT SCESNEY, JOSEPHINE 85 BROAD ST NEW YORK, NY 10004 <input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President Stephen Suske 100 Milverton Drive, Suite 700 Mississauga, Ontario, L5R 4H1, Canada
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: 		Date: 2/7/08 Daytime Phone #: 813-287-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

[Handwritten signature]