

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90172 039 ***150.00



DOCUMENT # M83504
 1. Entity Name
GENERAL CONDUCTIVE TECHNOLOGIES, INC.

Principal Place of Business Mailing Address
 712 S. OREGON AVE. 712 S. OREGON AVE.
 #200 #200
 TAMPA, FL 33606 US TAMPA, FL 33606 US



2. Principal Place of Business 3. Mailing Address
1414 W SWANN AVE **1414 W SWANN AVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 100 **SUITE 100**

City & State City & State
TAMPA, FL **TAMPA, FL**

Zip Country Zip Country
33606 **USA** **33606** **USA**

04102006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2894856 Not Applicable

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

6. Name and Address of Current Registered Agent
KRUSEN JR., W. ANDREW
712 S. OREGON AVE. SUITE 200
TAMPA, FL 33606

7. Name and Address of New Registered Agent
 Name
W. ANDREW KRUSEN, JR.
 Street Address (P.O. Box Number is Not Acceptable)
1414 W SWANN AVE
SUITE 100
 City State Zip Code
TAMPA **FL** **33606**

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: W. Andrew Krusen, Jr. DATE: 4/23/06
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, 2006 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD KRUSEN, W. ANDREW JR 712 S. OREGON AVE. SUITE 200 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRUSEN, W. ANDREW JR 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S JONES, DOUGAS N 712 S. OREGON AVE. SUITE 200 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S JONES, DOUGLAS N 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUSEN, CHARLES B 465 PARK AVE. APT 13A NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUSEN, CHARLES B 781 5th AVE, APT 614 NEW YORK, NY 10022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: W. Andrew Krusen, Jr. **W. ANDREW KRUSEN, JR** 4/23/06 813-837-3009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT