

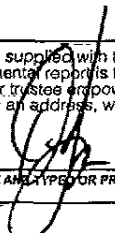


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000066660</b>			
1. Entity Name 3-GEN-X, INC.			
Principal Place of Business 5055 BABCOCK STREET, NE #4 PALM BAY, FL 32905		Mailing Address 5055 BABCOCK STREET, NE #4 PALM BAY, FL 32905	
<b>DO NOT WRITE IN THIS SPACE</b>			
			 01152007 No Chg-P CR2E034 (11/05)
		4. FEI Number 20-1278654	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  COLOMBO, JOSEPH G 2351 W. EAU GALLIE BLVD., SUITE 1 MELBOURNE, FL 32935			<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	1000000608480 02/01/07-80012-014 150.00
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FACCIOBENE, DON 5055 BABCOCK STREET, NE #4 PALM BAY, FL 32905		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FACCIOBENE, FRANK M JR. 50 WEST LAURIE STREET MELBOURNE, FL 32904		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FACCIOBONE, FRANK M SR. 50 WEST LAURIE STREET MELBOURNE, FL 32904		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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 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.			
<b>SIGNATURE:</b> 		1/24/07 321-727-7100 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			