2007 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT #456677** 1. Entity Name GEN REAL ESTATE AND MANAGEMENT CORP.

FILED Apr 30, 2007 08:00 Al Secretary of State

BROOK CTR.	Mailing Address PO BOX 410009 MELBOURNE, FL 32941	s	1		1 210 020 020 010 010 010 010 010 010 01	(11 121)	
6. Name and Address of Current Registered Agent GENONI, JOHN 758 GLENGARRY DR MELBOURNE, FL 32940 8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.				DO NOT WRITE IN THIS SPACE			
ure, typed or printed name of registered agent	and title if applicable. (NOTE: Registere	ed Agent signature required	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				U0000 05/15/07	0742905 2-80087-017 19	50.00	
NONI, JOHN 3 GLENGARY DR	BILLETONS						
	NOT WRITE Name and Address of Current I NAME AND ARY DR FL 32940 The dentity submits this statement for of registered agent. The speed or printed name of registered agent in the statement of the statement for the statement	PO BOX 410009 MELBOURNE, FL 32941 U. NOT WRITE IN THIS SPAN Name and Address of Current Registered Agent NRY DR FL 32940 Red entity submits this statement for the purpose of changing its register of registered agent. Rev. typed or printed name of registered agent and title if applicable. (NOTE: Registered agent Trust Fund Contribution.) OFFICERS AND DIRECTORS	Mailing Address PO BOX 410009 MELBOURNE, FL 32941 US NOT WRITE IN THIS SPACE Name and Address of Current Registered Agent IN RRY DR FL 32940 The definity submits this statement for the purpose of changing its registered office or register of registered agent. (NOTE: Registered Agent agnature required to free the purpose of Changing its registered office or register of registered agent. (NOTE: Registered Agent agnature required to free the purpose of Changing its registered office or register. (NOTE: Registered Agent agnature required to free the purpose of Changing its registered office or register. (NOTE: Registered Agent agnature required to free the purpose of Changing its registered office or register. (NOTE: Registered Agent agnature required to free the purpose of Changing its registered office or register. (NOTE: Registered Agent agnature required to free the purpose of Changing its registered office or register. (NOTE: Registered Agent agnature required to free the purpose of Changing its registered office or register. (NOTE: Registered Agent agnature required to free the purpose of Changing its registered office or registered of registered Agent agnature required to free the purpose of Changing its registered office or registered Agent agnature required to free the purpose of Changing its registered office or registered Agent agnature required to free the purpose of Changing its registered office or registered Agent agnature required to free the purpose of Changing its registered office or registered Agent agnature required to free the purpose of Changing its registered office or registered Agent agnature required	Ausiness Mailing Address PO BOX 410009 BROOK CTR. 32935 US NOT WRITE IN THIS SPACE O1042007 I. FEI Number 59-154* S. Certificate of September 1 of the purpose of changing its registered office or registered agent, or bott of registered agent. IN THE SPACE DO IN T WITH PROPER STAND DIRECTORS IN THIS SPACE O1042007 I. FEI Number 59-154* S. Certificate of September 1 of the purpose of changing its registered office or registered agent, or bott of registered agent. IN THE Registered Agent signature required when rentificing) OWITH FEE IS \$150.00 I. 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS INONI, JOHN B GLENGARY DR BLBOURNE, FL 32940 DO DO DO DO DO DO DO DO DO D	Ausiness Mailing Address PO BOX 410009 MELBOURNE, FL 32941 US NOT WRITE IN THIS SPACE O1042007 No Chg-P 4. FEI Number 59-1541206 5. Certificate of Status Desired NORRY DR FL 32940 DO NOT W IN THIS SPACE NAME and Address of Current Registered Agent North Polymore of changing its registered office or registered agent, or both, in the State of Fix of registered agent. Name, typed or particular agent and title if approache. (NOTE: Registered Agent agricular required when remaining) OWITH FEE IS \$150.00 Trust Fund Contribution. OFFICERS AND DIRECTORS NONI, JOHN B GLENGARY DR ELBOURNE, FL 32940 DO NOT W Trust Fund Contribution. DO NOT W B LEBOURNE, FL 32940 DO NOT W	Ausiness Mailing Address PO BOX 410009 MELBOURNE, FL 32941 US NOT WRITE IN THIS SPACE 101042007 No Chg-P CR2E034 (11/05) 4. FEI Number 59-1541206 Not	

I hereby certify that the information supplied with this fitting 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:

ATURE AND TYPES OF PRINTED NAME OF GRINING OFFICER OR DIRECTOR

821-265-7601