## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2006 8:00 am Secretary of State

DOCUMENT # 550918  1. Entity Name GENERAL COMBUSTION CORPORATION					05-02-2006	90203 034 ***1	.58.75	
Principal Plac	e of Business	Mailing Address	<b>-</b>	1	6003433	11		
5201 N ORANGE BLOSSOM TRAIL 5201 N ORANGE BLOSSOM ORLANDO, FL 32810 ORLANDO, FL 32810			1 TRAIL					
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03102006	Chg-P	CR2E034 (11/05	5)	
City & State		City & State		4. FEI Number 59-2983:	368	<del>  -</del>	Applied For Not Applicable	
Zip	Country		Country	5. Certificate of	Status Desired	\$8.75 A Fee Requi		
	6. Name and Address of Current	Registered Agent	Nome	7. Name and A	ddress of New R	egistered Agent		
ELLIOTT, E J			Name	Name				
5201 N ORANGE BLOSSOM TRAIL ORLANDO, FL 32810			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			l l					
			City			FL Zip Co	ode	
8. The above the obligation	named entity submits this statement for ions of registered agent.	the purpose of changing its regi	stered office or registe	red agent, or both,	in the State of Flo	rida. I am familiar wit	h, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent a	und title if applicable. (NOTE: Reg	istered Agent signature require	d when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00	9. Election Campaign F	inancino CE					
	ay 1, 2006 Fee will be \$550.0	T (		.00 May Be ded to Fees				
10.	OFFICERS AND	Trust Fund Contribut		ded to Fees	HANGES TO OFFI	CERS AND DIRECTO	RS IN 11	
10.		Trust Fund Contribut	ion. Add	ded to Fees	HANGES TO OFFI	CERS AND DIRECTO		
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12. I hereby certify that the information supplied with this fiting 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:

SAME OF STATUTE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #