


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90300 001 ***476.25

DOCUMENT # 550918 1. Entity Name GENERAL COMBUSTION CORPORATION	
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Principal Place of Business 5201 N ORANGE BLOSSOM TRAIL ORLANDO, FL 32810	Mailing Address 5201 N ORANGE BLOSSOM TRAIL ORLANDO, FL 32810
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DO NOT WRITE IN THIS SPACE

66007514



03272008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2983368	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ELLIOTT, E J 5201 N ORANGE BLOSSOM TRAIL ORLANDO, FL 32810

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIOTT, MARC G 5201 N ORANGE BLOSSOM TR ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYONS, J.M. 5201 N ORANGE BLOSSOM TR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ELLIOTT, E J 5201 N ORANGE BLOSSOM TR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUNKEL, SCOTT W 5201 N. ORANGE BLOS. TR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **4/1/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #