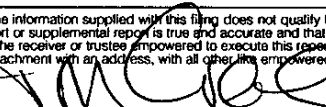


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 613583 1. Entity Name GREENE INTERNATIONAL DEVELOPMENT CORPORATION						
Principal Place of Business 6500 N ATLANTIC AVE SUITE C CAPE CANAVERAL, FL 32920 US	Mailing Address 6500 N ATLANTIC AVE SUITE C CAPE CANAVERAL, FL 32920 US					
DO NOT WRITE IN THIS SPACE						
01042008 No Chg-P CR2E034 (11/05) <table border="1" style="width: 100%;"><tr><td>4. FEI Number 59-2016162</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required</td></tr></table>			4. FEI Number 59-2016162	Applied For Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
4. FEI Number 59-2016162	Applied For Not Applicable					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent GREENE, JANICE 6500 N ATLANTIC AVE SUITE C CAPE CANAVERAL, FL 32920		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 ☐ \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD GREENE, JANICE M 6500 N ATLANTIC AVE., SUITE C CAPE CANAVERAL, FL 32920					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GREENE, MARTIN 6500 N ATLANTIC AVE., SUITE C CAPE CANAVERAL, FL 32920					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE					
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 filers empowered.						
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/24/08 (321) 799-0799 Daytime Phone #				

FILED
08 MAY 23 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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