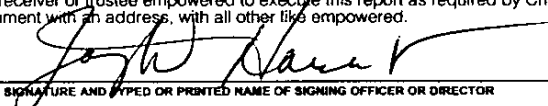


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90024 015 ***150.00

DOCUMENT # 686374 1. Entity Name GENERAL GROUP COVERAGES, INC.					
Principal Place of Business 8450 ARDOCH ROAD HIALEAH, FL 33016 US			Mailing Address 8450 ARDOCH RD MIAMI LAKES, FL 33016 US		
2. Principal Place of Business - No P.O. Box # 2503 CARIBE DRIVE Suite, Apt. #, etc.		3. Mailing Address 2503 CARIBE DRIVE Suite, Apt. #, etc.			
City & State THE VILLAGES, FL. Zip 32162		City & State THE VILLAGES FL. Zip 32162		4. FEI Number 59-2103542	
Country SUMTER		Country SUMTER		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARVEST, JOSEPH 8450 ARDOCH ROAD HIALEAH, FL 33016			7. Name and Address of New Registered Agent Name JOSEPH HARVEST Street Address (P.O. Box Number is Not Acceptable) 2503 CARIBE DRIVE City THE VILLAGES FL Zip Code 32162		
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  (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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARVEST, JOSEPH 8450 ARDOCH RD MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2503 CARIBE DRIVE THE VILLAGES FL 32162	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARVEST, MARXILA 8450 ARDOCH ROAD MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2503 CARIBE DRIVE THE VILLAGES FL. 32162	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANTOLIN, LOUIS 8324 REDNOCK LANE HIALEAH, FL 33016 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date 4/1/08 352 753 1200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					