



2008 FOR PROFIT CORPORATION ANNUAL REPORT

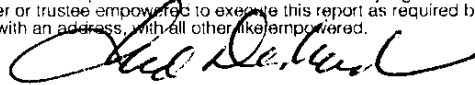
FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90021 016 ***150.00

DOCUMENT # F07000004058 1. Entity Name THE GENERATION MARKETING, INC.					
Principal Place of Business 135 ALPINE ROAD WEST PALM BEACH, FL 33405			Mailing Address 135 ALPINE ROAD WEST PALM BEACH, FL 33405		
2. Principal Place of Business - No P.O. Box # 413 36th Street		3. Mailing Address 413 36th Street			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		4. FEI Number 58-2254224	
Zip 33401		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DECKARD, CHAD 135 ALPINE ROAD WEST PALM BEACH, FL 33405		7. Name and Address of New Registered Agent Name CHAD DECKARD Street Address (P.O. Box Number is Not Acceptable) 413 36th Street City WEST PALM BEACH FL Zip Code 33401			
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  DATE 2-13-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <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	CHRM DECKARD, CHAD 135 ALPINE ROAD WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRM CHAD DECKARD 413 36th Street WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DECKARD, CHAD 135 ALPINE ROAD WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAD DECKARD 413 36th Street WEST PALM BEACH, FL 33401 <input checked="" 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		
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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.

 **2-13-08**