2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F84726

Entity Name: GENERAL MANAGEMENT SYSTEMS, INC

FILED Jan 30, 2008 Secretary of State

LINITY NAME. GENERAL MANAGEMENT STOTEMS, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	TH VIEW DRI\ CH, FL 33140					
Current Mailing Address:			New Maili	New Mailing Address:		
1475 NORTH VIEW DRIVE MIAMI BEACH, FL 33140						
FEI Number:	59-2213356	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
1475 NOR	FRANCOISE (TH VIEW DRI\ .CH, FL 3314(/E				
The above in the State		submits this statement for the pu	urpose of changing it	ts registered office or registered agent, or both,		
SIGNATUR	RE:					
Electronic Signature of Registered Agent			nt	Date		
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DPC () DI BELLA, JOS 1475 NORTH VI MIAMI BEACH,	EW DRIVE	Title: Name: Address: City-St-Zip:	CDP (X) Change () Addition DI BELLA, JOSEPH P CDP 1475 NORTH VIEW DRIVE MIAMI BEACH, FL 33140		
Title: Name: Address: City-St-Zip:	DTV () DI BELLA, FRA 1475 NORTH VI MIAMI BEACH,	EW DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	DSV () DI BELLA, ALE: 1475 NORTH VI MIAMI BEACH,	EW DRIVE	Title: Name: Address: City-St-Zip:	DSV (X) Change () Addition NORCROSS, ALEXANDRA D DSV 227 MICHIGAN AVENUE, APT. 206 MIAMI BEACH, FL 33139		
Title: Name: Address: City-St-Zip:	D () DI BELLA, MEL 1475 NORTH VI MIAMI BEACH,	EW DRIVE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition DI BELLA, MELISSA C D 232 CAMBRIDGE ST., APT. 8 BOSTON, MA 02114		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition NORCROSS, CHARLES L D 227 MICHIGAN AVENUE, APT. 206 MIAMI BEACH, FL 33139		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCOISE C. DIBELLA DTV 01/30/2008