2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K30918

Entity Name: FUTURE GENERATIONS, INC.

FILED Apr 23, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business |
|--------------------------------------|---------------------------------|
| | |

11098 BISCAYNE BLVD. 1001 N FEDERAL HWY

SUITE 302 SUITE 303

MIAMI, FL 33161 US HALLANDALE, FL 33008 US

Current Mailing Address: New Mailing Address:

11098 BISCAYNE BLVD. 1001 N FEDERAL HWY

STE. 302 SUITE 303 MIAMI, FL 33161 US HALLANDA

HALLANDALE, FL 33008 US

FEI Number: 65-0078256 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GEARTNER, CLARK
11098 BISCAYNE BLVD.
SUITE 302
GEARTNER, CLARK
1001 N FEDERAL HWY
SUITE 303

NORTH MIAMI, FL 33161 US HALLANDALE, FL 33008 US

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.

SIGNATURE: 04/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: ZAWADZKI, PAUL Name: ZAWADZKI, PAUL
Address: 11098 BISCAYNE BLVD SUITE 302 Address: 1001 N FEDERAL HWY STE 303

City-St-Zip: MIAMI, FL 33161 City-St-Zip: HALLANDALE, FL 33180

Title: P () Delete Title: P (X) Change () Addition

Name: GEARTNER, CLARK
Address: 11098 BISCAYNE BLVD STE 302

Name: GEARTNER, CLARK
Address: 1001 N FEDERAL HWY, STE 303

City-St-Zip: MIAMI, FL 33161 City-St-Zip: HALLANDALE, FL 33008

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 LOBKOWICZ, MARTIN
 Name:
 LOBKOWICZ, MARTIN

 Address:
 11098 BISC. BLVD. SUITE 302
 Address:
 1001 N FEDERAL HWY STE 303

City-St-Zip: MIAMI, FL 33161 City-St-Zip: HALLANDALE, FL 33008

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: CLARK GEARTNER P 04/23/2009