

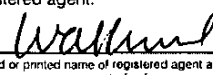
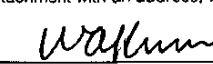


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90172 029 ***150.00

DOCUMENT # M80087 1. Entity Name GENERAL GROUP HOLDINGS, INC.					
Principal Place of Business 712 S OREGON AVE STE 200 TAMPA, FL 33606 US			Mailing Address 712 S OREGON AVE STE 200 TAMPA, FL 33606 US		
2. Principal Place of Business 1414 W SWANN AVE Suite, Apt. #, etc. SUITE 100 City & State TAMPA, FL Zip 33606		3. Mailing Address 1414 W SWANN AVE Suite, Apt. #, etc. SUITE 100 City & State TAMPA, FL Zip 33606			
4. FEI Number 59-2868884		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KRUSEN, W. ANDREW, JR. 712 S OREGON AVE STE 200 TAMPA, FL 33606			7. Name and Address of New Registered Agent Name KRUSEN, W. ANDREW, JR. Street Address (P.O. Box Number is Not Acceptable) 1414 W SWANN AVENUE SUITE 100 City TAMPA		
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, typed or printed name of registered agent and title if applicable. W. ANDREW KRUSEN, JR.		
SIGNATURE 			DATE 4/23/06		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DP KRUSEN, W. ANDREW, JR. 712 S OREGON AVE STE 200 TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KRUSEN, W. ANDREW, JR. 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KRUSEN, WILLIAM A 712 S OREGON AVE STE 200 TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KRUSEN, WILLIAM A 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KRUSEN, CHARLES B 712 S OREGON AVE STE 200 NEW YORK, NY 10022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KRUSEN, CHARLES B 781 5th AVENUE, APT 614 NEW YORK, NY 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUSEN, WILLIAM A III 721 S OREGON AVE., STE 200 TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUSEN, WILLIAM A III 1414 W SWANN AVENUE, SUITE 100 TAMPA, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS JONES, DOUGLAS N 712 S OREGON AVE STE 200 TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS JONES, DOUGLAS N 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYJES, ROBERT 350 E 57TH ST., APT 158 NEW YORK, NY 10022	<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:  W. ANDREW KRUSEN, JR. 4/23/06 813-837-3009 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT					