2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M83504

FILED Apr 20, 2009 Secretary of State

Entity Name: GENERAL CONDUCTIVE TECHNOLOGIES, INC.

Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:			
1414 W SV TAMPA, FL	VANN AVE STE . 33606 US	E 100	SUITE 100	1414 W SWANN AVE SUITE 100 TAMPA, FL 33606 US			
Current Ma	ailing Address	::	New Maili	New Mailing Address:			
1414 W SWANN AVE STE 100 TAMPA, FL 33606 US			SUITE 100	1414 W SWANN AVE SUITE 100 TAMPA, FL 33606 US			
FEI Number:	59-2894856	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desire	d()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
	ANDREW W JF VANN AVE STE . 33606 US		1414 W SV STE 100	JONES, DOUGLAS N 1414 W SWANN AVE STE 100 TAMPA, FL 33606 US			
	named entity su of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered o	office or registered agent,	or both,	
SIGNATUR	RE: DOUGLAS	N JONES		04/20/2009			
	Electronic	c Signature of Registered Age	ent		Date		
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () I ANDREW, KRUS 1414 W SWANN TAMPA, FL 3360	AVE STE 100	Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Title: Name: Address: City-St-Zip:	T/S ()[JONES, DOUGL/ 1414 W SWANN TAMPA, FL 3360	AVE STE 100	Title: Name: Address: City-St-Zip:	JONES, DOUG	IN AVE STE 100		
Title: Name: Address: City-St-Zip:	D () I KRUSEN, CHARI 781 5TH AVE AP NEW YORK, NY	T 614	Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Title: Name: Address: City-St-Zip:	D ()[MEYJES, PAMEI 350 E 57TH STR NEW YORK, NY	EET, APT 15B	Title: Name: Address: City-St-Zip:	()) Change()Addition		

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: DOUGLAS N JONES TS 04/20/2009