## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000001826

4527 MOIRA STREET

ORLANDO, FL 32811

WASHINGTON, FELICIA

2860 RED LION SQUARE

WINTER PARK, FL 32792

1743 E. JACKSON STREET

GORDON, GREGORY

ORLANDO, FL 32801

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Address:

Title:

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Name:

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City-St-Zip:

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Address:

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City-St-Zip:

Entity Name: JOSHUA GENERATION INCORPORATED

FILED Apr 20, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 536 NORTH WESTMORELAND DRIVE. ORLANDO, FL 32805 **Current Mailing Address: New Mailing Address:** P.O. BOX 609055 ORLANDO, FL 32860 FEI Number: 59-3636993 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: OWENS, JERRY D OWENS, JERRY D 4500 SCENIC LAKE DR. 3705 CONNOR AVENUE ORLANDO, FL 32808 ORLANDO, FL 32808 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: 04/20/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition OWENS, JERRY D OWENS, JERRY D Name: Name: 4500 SCENIC LAKE DR. Address: 3705 CONNOR AVENUE Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: ORLANDO, FL 32808 Title: Title: () Delete () Change () Addition Name: ALLEN, TANYA Name: Address: 430 ALSTON DRIVE Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: Title: () Delete Title: () Change () Addition OWENS, JERRY Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

City-St-Zip:

TR

GORDON, GREGORY

ORLANDO, FL 32801

1743 E. JACKSON STREET

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() Change () Addition

SIGNATURE: JERRY D. OWENS P 04/20/2006