Aug 02 2007 9:25AM John F. Ward, CPA

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Aug 03, 2007 8:00 am
Secretary of State
08-03-2007 90020 050 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000005466

1. Entity Name
THE GENERATION CONNECTION, INC.

40128101

Principal Place of Business	Mailing Address
602 S. MAIN STREET, SUITE A-3 GAINESVILLE, FL 32601	602 S. MAIN STREET, SUITE A-3 GAINESVILLE, FL 32601

08022007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 32601-6718 Country	Zip 32601-6718 Country

4. FEI Number 20-4958016 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, REGINA 602 S. MAIN STREET, SUITE A-3 GAINESVILLE, FL 32601	Name JOEL DAUNIC Street Address (P.O. Box Number is Not Acceptable) 602 S. MAIN ST City GAINESVILLE FL Zip Code 32601-6718

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 Joel G Daunic 7/31/07 352 378-4369
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DAUNIC, JOEL G 602 S. MAIN STREET, SUITE A-3 GAINESVILLE, FL 32601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DAUNIC, ANN P 602 S. MAIN STREET, SUITE A-3 GAINESVILLE, FL 32601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SMITH, REGINA 602 S. MAIN STREET, SUITE A-3 GAINESVILLE, FL 32601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAUNIC, RHYS E 609 6TH AVENUE BROOKLYN, NY 11215	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, HAZEL A 1031 NE 5TH STREET GAINESVILLE, FL 32601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARD, JOHN 10425 SW 48TH PLACE GAINESVILLE, FL 32608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D T	☒ Change ☐ 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 617, 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: Joel G Daunic 7/31/07 352-378-4369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #