

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90035 013 \*\*\*\*61.25

<b>DOCUMENT # N06000005466</b>					
<b>1. Entity Name</b> THE GENERATION CONNECTION, INC.					
<b>Principal Place of Business</b> 602 S. MAIN STREET, SUITE A-3 GAINESVILLE, FL 32601			<b>Mailing Address</b> 602 S. MAIN STREET, SUITE A-3 GAINESVILLE, FL 32601		
<b>2. Principal Place of Business - No P.O. Box #</b> 519 NE 1st St		<b>3. Mailing Address</b> 519 NE 1st St			
Suite, Apt. #, etc. 1		Suite, Apt. #, etc. 1			
<b>City &amp; State</b> GAINESVILLE FL		<b>City &amp; State</b> GAINESVILLE FL		<b>4. FEI Number</b> 20-4958016	
<b>Zip</b> 32601		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DAVNIE, JOEL 602 S. MAIN STREET GAINESVILLE, FL 32601			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 519 NE 1st St City <b>GAINESVILLE</b> <b>FL</b> Zip Code <b>32601</b>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P	<b>NAME</b> DAUNIC, JOEL G <input type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> 519 NE 1st St <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 602 S. MAIN STREET, SUITE A-3	<b>CITY-ST-ZIP</b> GAINESVILLE, FL 32601		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> GAINESVILLE FL 32601	
<b>TITLE</b> V	<b>NAME</b> DAUNIC, ANN P <input type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> 519 NE 1st St <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 602 S. MAIN STREET, SUITE A-3	<b>CITY-ST-ZIP</b> GAINESVILLE, FL 32601		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> GAINESVILLE FL 32601	
<b>TITLE</b> ST	<b>NAME</b> SMITH, REGINA <input checked="" type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 602 S. MAIN STREET, SUITE A-3	<b>CITY-ST-ZIP</b> GAINESVILLE, FL 32601		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> DAUNIC, RHYS E <input type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 509 6TH AVENUE	<b>CITY-ST-ZIP</b> BROOKLYN, NY 11215		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> JONES, HAZEL A <input type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 1031 NE 5TH STREET	<b>CITY-ST-ZIP</b> GAINESVILLE, FL 32601		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> WARD, JOHN <input type="checkbox"/> Delete		<b>TITLE</b> TREASURER	<b>NAME</b> 	
<b>STREET ADDRESS</b> 10425 SW 48TH PLACE	<b>CITY-ST-ZIP</b> GAINESVILLE, FL 32608		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>5/14/08</b> Daytime Phone # <b>352-378-4389</b>		