2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49817

FILED Apr 30, 2008 Secretary of State

Entity Name: SERVING THIS GENERATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1 SOUTH COTTAGE HILL ROAD ORLANDO, FL 32805

Current Mailing Address: New Mailing Address:

1 SOUTH COTTAGE HILL ROAD ORLANDO, FL 32805

FEI Number: 59-3128652 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PRYOR, THOMAS E JR 2111 E. MICHIGAN STREET SUITE 202 ORLANDO, FL 32806 US

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:

Floring Complete of Decision of Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 O/D
 (X) Change () Addition

 Name:
 WYNN, CHERYL
 Name:
 BURNS, VANESSEE DR.

 Address:
 3219 GULFSTREAM RD.
 Address:
 9172 TUSCAN VALLEY PL

 City-St-Zip:
 ORLANDO, FL 32805
 City-St-Zip:
 ORLANDO, FL 32825

Title: D () Delete Title: D (X) Change () Addition Name: BURNETT, ALLEN Name: WYNN, CHERYL

 Address:
 705 COOKMAN AVE.
 Address:
 3219 GULFSTREAM ROAD

 City-St-Zip:
 ORLANDO, FL 32805
 City-St-Zip:
 ORLANDO, FL 32805

Title: D () Delete Title: D (X) Change () Addition Name: CAUDLE, DARRAN Name: SIMS, JOHN

 Address:
 2137 NEW VICTOR RD.
 Address:
 356 SPAULDING COVE NORTH

 City-St-Zip:
 OCOEE, FL 34761
 City-St-Zip:
 HEATHROW, FL 32746

Title: DC () Delete Title: D (X) Change () Addition

 Name:
 COLLINS, GARY N REV
 Name:
 BATSON, DELORIS

 Address:
 ONE S. COTTAGE HILL RD
 Address:
 4403 OAKHAM COURT

 City-St-Zip:
 ORLANDO, FL 32805
 City-St-Zip:
 ORLANDO, FL 32818

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. VANESSEE BURNS O/D 04/30/2008