2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P010000866 1. Entity Name FCGP, INC.	52				Secretary of Sta
1114 WYNWOOD AVE.	Mailing Address 1114 WYNWOOD AVE. CHERRY HILL, NJ 08002		- 	# 88181 1811 8811 8811 8	
DO NOT WRITE I		CE	01042007 4. FEI Numb 22-378	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Regi CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE red office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and bit FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		red Agent signature required		nri, iri die State of Fi	DATE
10. OFFICERS AND DIRE IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTORS			00000 01/18/07 NOT W	
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12. I hereby certify that the information supplied with this fill of oes 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all address, and all other like an accordance.

SIGNATURE:

STREET ADDRESS CITY-ST-21P

NAME STREET ADDRESS CITY-ST-ZIP

AZORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/07

Daytime Phone #