2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036254

GREENE, DAVID M

PLANTATION, FL 33324

TWO SOUTH UNIVERSITY DRIVE, SUITE 325

Name:

Address: City-St-Zip:

Entity Name: THE GREENE ORGANIZATION, INC.

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: TWO SOUTH UNIVERSITY DRIVE SUTIE 325 PLANTATION, FL 33324 **Current Mailing Address: New Mailing Address:** TWO SOUTH UNIVERSITY DRIVE SUTIE 325 PLANTATION, FL 33324 FEI Number: 65-0595279 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: GREENE, DAVID M TWO SOUTH UNIVERSITY DRIVE SUTIE 325 PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition Name: TANNENBAUM, ROSS Name: TWO SOUTH UNIVERSITY DRIVE SUTIE 325 Address: Address: City-St-Zip: PLANTATION, FL 33324 City-St-Zip: Title: Title: () Delete () Change () Addition Name: TANNENBAUM, ROSS Name: TWO SOUTH UNIVERSITY DRIVE SUTIE 325 Address: Address: City-St-Zip: PLANTATION, FL 33324 City-St-Zip: Title: () Delete Title: () Change () Addition GREENE, DAVID M Name: Name: TWO SOUTH UNIVERSITY DRIVE, SUITE 325 Address: Address: PLANTATION, FL 33324 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition GREENE, WARREN Name: Name: Address: TWO SOUTH UNIVERSITY DRIVE, SUITE 325 Address: City-St-Zip: PLANTATION, FL 33324 City-St-Zip: Title: Title: () Delete () Change () Addition

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

Name:

Address:

City-St-Zip:

SIGNATURE: DAVID M GREENE S 04/28/2008