

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90205 026 \*\*\*158.75

<b>DOCUMENT # P03000105926</b> 1. Entity Name <b>GREENSTONE GP, INC.</b>			
Principal Place of Business <b>2200 SOUTH OCEAN LANE #1805 FT. LAUDERDALE, FL 33316</b>		Mailing Address <b>2200 SOUTH OCEAN LANE #1805 FT. LAUDERDALE, FL 33316</b>	
2. Principal Place of Business - No P.O. Box # <b>18558 SW 46th STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>18558 SW 46th STREET</b> Suite, Apt. #, etc.	
City & State <b>MIRAMAR FL</b>		City & State <b>MIRAMAR FL</b>	
Zip <b>33029</b>	Country	Zip <b>33029</b>	Country
<b>6. Name and Address of Current Registered Agent</b>  <b>KNIGHT, NEAL W JR 34 ROYAL POINCIANA WAY, SUITE 321 PALM BEACH, FL 33480</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUNIGENAS, JOHN V 9723 VIA GRANDEZZA WEST WEST PALM BEACH, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kunigenas, John V. 18558 SW 46th STREET MIRAMAR, FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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>SIGNATURE:</b> 		Date <b>3/12/07</b> Daytime Phone # <b>(954) 441-1837</b>	