



FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000102408 1. Entity Name 3-GEN-X-ONE, INC.							
Principal Place of Business 5055 BABCOCK STREET NE #4 PALM BAY, FL 32905		Mailing Address 5055 BABCOCK STREET NE #4 PALM BAY, FL 32905					
DO NOT WRITE IN THIS SPACE		<div style="text-align: center;"></div> <div>01152007 No Chg-P CR2E034 (11/05)</div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:80%;">4. FEI Number 20-1549814</td><td style="width:20%;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 20-1549814	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 20-1549814	Applied For Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent COLOMBO, JOSEPH G 2351 W EAU GALLIE BLVD SUITE 1 MELBOURNE, FL 32935		DO NOT WRITE IN THIS SPACE					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS		<div style="text-align: right;">DATE 02/01/07-80012-012 150.00</div> DO NOT WRITE IN THIS SPACE					
TITLE	P						
NAME	FACCIOBENE, DON						
STREET ADDRESS	5055 BABCOCK STREET NE #4						
CITY-ST-ZIP	PALM BAY, FL 32905						
TITLE	V						
NAME	FACCIOBENE, FRANK M JR						
STREET ADDRESS	50 W LAURIE STREET						
CITY-ST-ZIP	MELBOURNE, FL 32904						
TITLE	S						
NAME	FACCIOBENE, FRANK M SR						
STREET ADDRESS	50 W LAURIE STREET						
CITY-ST-ZIP	MELBOURNE, FL 32904						
TITLE	T						
NAME	FACCIOBENE, FRANK M SR						
STREET ADDRESS	50 W LAURIE STREET						
CITY-ST-ZIP	MELBOURNE, FL 32904						
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
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.							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/24/07 321-727-7100 <small>Daytime Phone #</small>					