

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000102408

Entity Name: 3-GEN-X-ONE, INC.

FILED  
Jan 08, 2009  
Secretary of State

## Current Principal Place of Business:

5055 BABCOCK STREET NE #4  
PALM BAY, FL 32905

## New Principal Place of Business:

5055 BABCOCK STREET NE  
SUITE 4  
PALM BAY, FL 32905

## Current Mailing Address:

5055 BABCOCK STREET NE #4  
PALM BAY, FL 32905

## New Mailing Address:

5055 BABCOCK STREET NE  
SUITE 4  
PALM BAY, FL 32905

FEI Number: 20-1549814

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLOMBO, JOSEPH G  
2351 W EAU GALLIE BLVD SUITE 1  
MELBOURNE, FL 32935 US

## Name and Address of New Registered Agent:

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:

Title: P ( ) Delete  
Name: FACCIOBENE, DON  
Address: 5055 BABCOCK STREET NE #4  
City-St-Zip: PALM BAY, FL 32905

Title: V ( ) Delete  
Name: FACCIOBENE, FRANK M JR  
Address: 50 W LAURIE STREET  
City-St-Zip: MELBOURNE, FL 32904

Title: S ( ) Delete  
Name: FACCIOBENE, FRANK M SR  
Address: 50 W LAURIE STREET  
City-St-Zip: MELBOURNE, FL 32904

Title: T ( ) Delete  
Name: FACCIOBENE, FRANK M SR  
Address: 50 W LAURIE STREET  
City-St-Zip: MELBOURNE, FL 32904

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: DON FACCIOBENE

MR

01/08/2009

Electronic Signature of Signing Officer or Director

Date