

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2005 8:00 am**  
**Secretary of State**

08-29-2005 90142 026 \*\*\*150.00

<b>DOCUMENT # P04000156955</b> 1. Entity Name <b>GENERATION OUTREACH CORPORATION</b>					
Principal Place of Business <b>1028 WEST MICHIGAN STREET ORLANDO, FL 32805</b>			Mailing Address <b>2716 SEABREEZE CT. ORLANDO, FL 32805</b>		
2. Principal Place of Business <b>1028 W. Michigan ST</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>1028 W. Michigan</b> <small>Suite, Apt. # etc.</small>			
City & State <b>Orlando FL</b>		City & State <b>Orlando FL</b>		4. FEI Number <b>56-2485244</b>	
Zip <b>32805</b>		Country <b>Orange</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANDERSON, IRIS P 2716 SEABREEZE COURT ORLANDO, FL 32805</b>			7. Name and Address of New Registered Agent Name <b>Jasmine Anderson</b> Street Address (P.O. Box Number is Not Acceptable) <b>7201 Woodridge Park Dr.</b> <b>Apt. 10112</b> City <b>Orlando</b> <b>FL</b> <b>32818</b>		
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>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, IRIS P MRS. 2716 SEABREEZE CT. ORLANDO, FL 32805	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jasmine Anderson, M 7201 Woodridge Park Dr. Apt 10112 Orlando FL 32818	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDERSON, JASMINE M 2716 SEABREEZE CT. ORLANDO, FL 32805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. P. Rita J. Morris 7201 Woodridge Park Dr. Apt 10112 Orlando FL 32818	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA JACKSON, RENEE E 4021 TYMBERWOOD LANE ORLANDO, FL 32839	<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	DIR PALMER, TRINA A 2716 SEABREEZE CT. ORLANDO, FL 32805	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR Toni Anderson 2716 Seabreeze Ct Orlando FL 32805	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ANDERSON, IRIS P 2716 SEABREEZE CT. ORLANDO, FL 32805	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Rozetta Brown 38 S. Ortman Dr. Apt A Orlando FL 32805	<input checked="" type="checkbox"/> Change <input checked="" 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 exemption stated in Section 119.07(3)(i), 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 <b>8/23/05</b> <small>Daytime Phone #</small>		