## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P06000062893

Entity Name: GENERATOR EXPERTS, INC.

FILED Jun 21, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3500 N.W. 2ND AVENUE,

SUITE 730

BOCA RATON, FL 33431 US

Current Mailing Address: New Mailing Address:

3500 N.W. 2ND AVENUE, SUITE 730

BOCA RATON, FL 33431 US

DOCATIATON, TE 33431 00

FEI Number: 20-4846981 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:

STOLACK, NORMAN WINKE, JOSEPH

3500 N.W. 2ND AVENUE, 3500 N.W. 2ND AVENUE,

SUITE 730 SUITE 730

BOCA RATON, FL 33431 US BOCA RATON, FL 33431 US

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: JOSEPH WINKE 06/21/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

Title: PRES ( ) Delete Title: PRES

Name: STOLACK, NORMAN Name: WINKE, JOSEPH

 Address:
 3500 N.W. 2ND AVENUE, SUITE 730
 Address:
 3500 N.W. 2ND AVENUE, SUITE 730

 City-St-Zip:
 BOCA RATON, FL 33431 US
 City-St-Zip:
 BOCA RATON, FL 33431 US

Title: VICE ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WINKE, JR., CLEMENT
 Name:

 Address:
 3500 NW 2ND AVENUE, SUITE 730
 Address:

 City-St-Zip:
 BOCA RATON, FL 33431
 City-St-Zip:

Title: SEC. ( ) Delete Title: SEC. (X) Change ( ) Addition

Name: STOLACK, NORMAN Name: WINKE, JR., CLEMENT

 Address:
 3500 NW 2ND AVENUE, SUITE 730
 Address:
 3500 NW 2ND AVENUE, SUITE 730

 City-St-Zip:
 BOCA RATON, FL 33431 US
 City-St-Zip:
 BOCA RATON, FL 33431 US

Title: TREA ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WINKE, JR., CLEMENT
 Name:

 Address:
 3500 NW 2ND AVENUE, SUITE 730
 Address:

 City-St-Zip:
 BOCA RATON, FL 33431 US
 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: JOSEPH WINKE PRES 06/21/2007