2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000075464

Entity Name: GENERAL RENTAL & EQUIPMENT REPAIR, INC.

FILED Apr 26, 2009 Secretary of State

| Current Principal Place of Business: New Principal Place of Business | Current Principal Place of Business: | New Principal Place of Business |
|--|--------------------------------------|---------------------------------|
|--|--------------------------------------|---------------------------------|

1516 S. WOODLAND BLVD. 521 W. NEW YORK AVE. DELAND, FL 32720 DELAND, FL 32720

Current Mailing Address: New Mailing Address:

1516 S. WOODLAND BLVD. 521 W. NEW YORK AVE. DELAND, FL 32720 DELAND, FL 32720

FEI Number: 26-0454776 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:

LITTLEFIELD, GARY G OWNER

1516 S. WOODLAND BLVD.

DELAND, FL 32720 US

LITTLEFIELD, GARY G OWNER

521 W NEW YORK AVE

DELAND, FL 32720 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: 04/26/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LITTLEFIELD, GARY
Address: 417 BOXWOOD CIR.

City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP () Delete
Name: LITTLEFIELD, LESLIE
Address: 417 BOXWOOD CIR.

City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition

Name: LITTLEFIELD, GARY G
Address: 417 BOXWOOD CIR.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP (X) Change () Addition

Name: LITTLEFIELD, LESLIE S Address: 417 BOXWOOD CIR.

City-St-Zip: WINTER SPRINGS, FL 32708

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: GARY G LITTLEFIELD P 04/26/2009