


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 02, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P36789</b> 1. Entity Name <b>FIRST GENERAL CORPORATION</b>	
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Principal Place of Business <b>31731 NORTHWESTERN HWY STE. 250W FARMINGTON HILLS, MI 48334 US</b>	Mailing Address <b>31731 NORTHWESTERN HWY STE. 250W FARMINGTON HILLS, MI 48334 US</b>
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01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>38-2672855</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LUPTAK, PAOLA  
2201 NW CORPORATE BLVD  
SUITE 100  
BOCA RATON, FL 33431**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

**U00000558023  
05/17/06-80079-006 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD BEZNOS, MAURICE 31731 NORTHWESTERN HWY. FARMINGTON HILLS, MI</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD BEZNOS, NORMAN 31731 NORTHWESTERN HWY. FARMINGTON HILLS, MI</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BEZNOS, NORMAN 31731 NORTHWESTERN HWY STE 250 W FAMINGTON HILLS, MI 48334</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Maurice J. Beznos **4/17/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #