2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P36789

1. Entity Name FIRST GENERAL CORPORATION



FILED May 08, 2007 08:00 AM Secretary of State

Principal Place of Business

31731 NORTHWESTERN HWY

STE. 250W

FARMINGTON HILLS, MI 48334

Mailing Address

31731 NORTHWESTERN HWY

STE. 250W FARMINGTON HILLS, MI 48334



| nr | TON (| WRITE | IN | THIS | SDA | CE |
|----|-------|--------|------|------|-----|----|
| ソレ | | AALLIC | 11.4 | ппо | JEA | C |

| 01032007 | No Chg-P | CR2E034 (11/05) | | |
|---------------|----------|-----------------|--|-------------|
| 4. FEI Number | | | | Applied For |

38-2672855

5. Certificate of Status Desired

\$8.75 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

| | | The second secon |
|---------------------------------------|---|--|
| 8. The above the obligation | e named entity submits this statement for the purpose of changing its $r_{\rm c}$ ations of registered agent. | registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE. | | Registered Agent signature required when (einstating) DATE |
| FIL After M | LE NOWIII FEE IS \$150.00 lay 1, 2007 Fee will be \$550.00 9. Election Campaign Trust Fund Contrib | |
| 10. | OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD BEZNOS, MAURICE 31731 NORTHWESTERN HWY. FARMINGTON HILLS, MI | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD BEZNOS, NORMAN 31731 NORTHWESTERN HWY. FARMINGTON HILLS, MI | 05/29/07-80034-015 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BEZNOS, NORMAN 31731 NORTHWESTERN HWY STE 250 W FAMINGTON HILLS, MI 48334 | DO NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPACE |
| TITLE NAME SIRFET ADDRESS | | |

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS