


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000093224	
1. Entity Name GEN-PRODUCTS, INC.	

Principal Place of Business 2029 SW OAK RIDGE ROAD PALM CITY, FL 34990 US	Mailing Address 2029 SW OAK RIDGE ROAD PALM CITY, FL 34990 US
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CRZE034 (11/05)

4. FCI Number 65-0559424	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOVIE, GEORGE F III 555 COLORADO AVE STUART, FL 34994
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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 _____ <small>Signature typed or printed name of registered agent and his if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when agent resigns)</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D ALESSIO, EUGENE 2029 SW OAK RIDGE ROAD PALM CITY, FL
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02/15/06-80008-019 150.00

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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 I am empowered.

SIGNATURE 	Date 2/1/06	772-221-8464
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		