2007 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Mar 21, 2007 08:00 AM
Secretary of State

ANNUAL REPORT					Wiar 21, 2007 08:00			
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1. Entity Name GEN-PRODUCTS, INC.								
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Principal Plac	ce of Business	Mailing Address						
	AK RIDGE ROAD	2029 SW OAK RIDGE ROAD		1				
POALM CRY	, FL 34990 US	PALM CITY, FL 34990 US						
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6. Name and Address of Current Registered Agent			Marie Commen	an analysis of the sant	and the complete a section	and the state of t	เราะสาที่เทาะสำคัญสารี เราะสาที่เกาะสาราสาราสาร	
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8. The above	a named entity submits this statement for the	e purpose of changing its register	ed office or rec	istered agent, or bot		orida. I am lamiliar with,	and accept	
	tions of registered agent.		•	.				
SIGNATURE.	Signature, typed or printed name of registered agent and	tile of employable (NOTE: Because)	ad Ament eigneture re	equired when reinstating)		DATE		
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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 eath; that I am an officer or director of the corporation or the receiver or trusted impowered 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 the information indicated on 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 the information indicated on this report as a first or the corporation of the receiver of trusted in the information indicated on this report is true and accurate and that my name appears in Block 10 or Block 11 if changed, or on an attachment with the information indicated on this report is true and accurate and the properties of the corporation of the corporation of the receiver of trusted in the information indicated on this report is true and accurate and that my name appears in Block 10 or Block 11 if changed, or on an attachment with the information indicated on the information indicate

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MONATURE TO TYPES ON FRAITS NAME OF SIGNING OFFICER OR DIRECTOR

3/12/07

Daylane Phone #