2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2004 08:00 AM Secretary of State DOCUMENT # P97000030942 1. Entity Name FUTURE GENERATION NORTH, INC. Principal Place of Business Mailing Address C/O ALLAN M. GLASER STE. 807, 11900 BISCAYNE BLVD. MIAM! FL 33181 C/O ALLAN M. GLASER STE. 807, 11900 BISCAYNE BLVD. MIAMI FL 33181 2. Principal Place of Business Mailing Address Suite, Apt. #, etc Suite, Apt #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0801227 Not Applicable Zip Country Country Z_{1D} \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GLASER, ALLAN M Street Address (P.O. Box Number is Not Acceptable) C/O ALLAN M. GLASER STE. 807, 11900 BISCAYNE BLVD. MIAMI FL 33181 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition GEARTNER, CLARK NAME NAME U00000069131 STREET ADDRESS 11098 BISCAYNE BLVD SUITE 302 STREET ADDRESS 03/01/04-80005-009 150.00 CITY - ST - ZIP MIAMI FL 33161 CITY-ST-ZIP TITLE Defete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY -ST- ZIP CITY-ST-ZIP TOF ☐ Delele TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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 attact prient with in address with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED

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