2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000030942

FUTURE GENERATION NORTH, INC.



Principal Place of Business

C/O ALLAN M. GLASER

STE. 807, 11900 BISCAYNE BLVD. MIAMI, FL 33181

Mailing Address

C/O ALLAN M. GLASER STE. 807, 11900 BISCAYNE BLVD. MIAMI, FL 33181



FILED

Mar 23, 2007 08:00 AM **Secretary of State**

\$8.75 Additional

Fee Required

DO NOT WRITE IN THIS SPACE

01052007	No Chg-P	CR2E034 (11)34 (11/05)	
4. FEI Number 65-0801227			Applied For	
		Γ	Not Applicable	

6. Name and Address of Current Registered Agent

GLASER, ALLAN M C/O ALLAN M. GLASER STE. 807, 11900 BISCAYNE BLVD. MIAMI, FL 33181 DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

	named entity submits this statement for the pi ions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or priviled name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinst				e required when reinstating)	U00000678¶03	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			03/30/07-80060-019 150.00	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEARTNER, CLARK 11098 BISCAYNE BLVD SUITE 302 MIAMI, FL 33161					
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information disacturate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true a of the corporation or the repe changed, or on an attachmer

TITLE NAME STREET ADDRESS CITY-ST-ZIP

305-891-6383