2007 FOR PROFIT CORPORATION

	, AIIIIOAL II	LI VIII JAN	<u>'7</u>	\VI	av (13.	-2007 X	:00	am	
 Entity Nam 	MENT # P9800007599 GE SUBSIDIARY, INC.		S	May 03, 2007 8:00 am Secretary of State 05-03-2007 90061 043 ***158.75					
Principal Place of Business 1155 S SEMORAN BLVD STE 1120 WINTER PARK FL 32792		Mailing Address 1155 S SEMORAN BLVD STE 1120 WINTER PARK FL 32792							
2. Principal P	lace of Business - No P O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, otc.		15	t MOORE	CR2E034 (10	/06)		
City & State		City & State		4. FEI Numb	oer 59-35317	783		olied For Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desire		75 Addi	itional	
	6. Name and Address of Current	Realstered Agent	<u> </u>	7. Name and	Address of Ne	w Registered Agen	t	-	
TEPLITSKY, IGOR 1155 S. SEMORAN BLVD. STE 1120 Winter Park FL 32792 Street Address C/O En					iss or is Not Accepta d Homes	able) of Orlan Ste#1120			
the obligat	named entity submits this statement for ions of registered agent. Signature, yield or printed name of sestered report. ILE NOW!!! FEE IS \$150.00	<u>(:</u>	s registered office or			f Florida. Tam famili DATE mpaign Financing			
	May 1, 2007 Fee Will Be \$550.00 Payable to Florida Department of					Contribution.)0 May Be d to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO C	OFFICERS AND DIR	ECTORS	IN 11	
MINE. NAME. STRICT ADDRESS CITY ST-ZIP	PD ODOWD, STEVEN M 1155 S SEMORAN BLVD, STE 112 WINTER PARK FL 32792	☐ Delete	TITLE NAME STREET ADDN SS CITY ST 7IP				Change	Addition	
HITE NAME STREET ADDRESS CITY - ST - ZIP	ST HISS, STEVEN F 1155 S. SEMRON BLVD, STE 1120 WINTER PARK FL 32792	□ Delete	HILL NAME STREET ADDRESS CHY SE 71P				Change	Addition	
NAME STREET ADDRESS CITY+ST-ZIP**		☐ Delcle	THEE NAME STREET ADDRESS CITY ST ZIP				Change	Addition	
THE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THE NAME STREET ADDRESS CITY ST ZIP				Change	Addition	
HITE NAME STREET ADDRESS CITY ST ZIP		Delote	DILE NAMI STREET ADONESS CITY ST-ZIP				Change	Addition	
TIME NAME STREET ADDRESS CHY+ST-71P		☐ Defele	HILE NAME STREET ADDRESS CITY ST ZIP				Change	Addition	
indicated of the cor	certify that the information supplied wit on this report or supplemental report is poration or the receiver or trustee emp d, or on an attachment with an addres	s true and accurate and that sowered to execute this repo	my signature shall h rt as required by Ch	ave the same legal effe	ct as if made und	der oath; that I am ai	n officer o	or director	

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07 407-678-3939
Date Dayline Phone #