

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Nov 10, 2006
Secretary of State**

DOCUMENT# F01000003848

Entity Name: GENESIS FINANCIAL SOLUTIONS, INC.

Current Principal Place of Business:

8405 SW NIMBUS AVE
A
BEAVERTON, OR 97008

New Principal Place of Business:

Current Mailing Address:

8405 SW NIMBUS AVE
A
BEAVERTON, OR 97008 71

New Mailing Address:

FEI Number: 75-2930009 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE CO.
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: LEVIN, IRVING J
Address: 12737 SW IRON MTN BLVD
City-St-Zip: PORTLAND, OR 972198307

Title: SVP () Delete
Name: BURROWS, CHARLES P
Address: 9020 NW BENSON ST
City-St-Zip: PORTLAND, OR 972198307

Title: SVP () Delete
Name: WHITE, JOHN W
Address: 19496 OLSON AVENUE
City-St-Zip: LAKE OSWEGO, OR 970347465

Title: SVP () Delete
Name: ENNEKING, BRIAN J
Address: 7220 SW CEDAR LANE
City-St-Zip: PORTLAND, OR 972253132

Title: V () Delete
Name: FULLER, VERNON O
Address: 23811 STONEHAVEN
City-St-Zip: SHERWOOD, OR 971407079

Title: V () Delete
Name: ROBINSON, DAVID W
Address: 20448 MARIMAR STREET
City-St-Zip: BEAVERTON, OR 97707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T/S (X) Change () Addition
Name: WEINSTEIN, BRUCE A
Address: 1025 NW COUCH ST, UNIT 912
City-St-Zip: PORTLAND, OR 97209 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVP (X) Change () Addition
Name: FULLER, VERNON O
Address: 23811 STONEHAVEN
City-St-Zip: SHERWOOD, OR 971407079

Title: VP (X) Change () Addition
Name: ROBINSON, DAVID W
Address: 20448 MARIMAR STREET
City-St-Zip: BEAVERTON, OR 97707

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID ROBINSON

VP

11/10/2006

Electronic Signature of Signing Officer or Director

_____ Date