

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005667

**FILED**  
**Mar 29, 2006**  
**Secretary of State**

**Entity Name:** GENESIS CAPITAL CORPORATION OF NEVADA

**Current Principal Place of Business:**

6915 RED ROAD  
SUITE 222  
CORAL GABLES, FL 33143

**New Principal Place of Business:**

ONE NE 1ST AVE.  
205  
OCALA, FL 33470

**Current Mailing Address:**

6915 RED ROAD  
SUITE 222  
CORAL GABLES, FL 33143

**New Mailing Address:**

ONE NE 1ST AVE.  
205  
OCALA, FL 33470

**FEI Number:** 91-1947658

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASTROM, CHRISTOPHER  
6915 RED ROAD  
SUITE 222  
CORAL GABLES, FL 33143 US

**Name and Address of New Registered Agent:**

ASTROM, CHRISTOPHER  
ONE NE 1ST AVE.  
205  
OCALA, FL 33470 US

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: CHRIS ASTROM

03/29/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CDP ( ) Delete  
Name: ASTROM, RICHARD  
Address: 6915 RED ROAD  
City-St-Zip: CORAL GABLES, FL 33143

Title: DVST ( ) Delete  
Name: ASTROM, CHRISTOPHER  
Address: 6915 RED ROAD  
City-St-Zip: CORAL GABLES, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CDP (X) Change ( ) Addition  
Name: ASTROM, RICHARD  
Address: ONE NE 1ST. AVE #205  
City-St-Zip: OCALA, FL 33470

Title: DVST (X) Change ( ) Addition  
Name: ASTROM, CHRISTOPHER  
Address: ONE NE 1ST AVE #205  
City-St-Zip: OCALA, FL 33470

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: CHRIS ASTROM

DVST

03/29/2006

Electronic Signature of Signing Officer or Director

Date