

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001854

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: GENESIS FINANCIAL MANAGEMENT INC.

**Current Principal Place of Business:**

14025 RIVEREDGE DRIVE  
SUITE 505  
TAMPA, FL 33637

**New Principal Place of Business:**

**Current Mailing Address:**

14025 RIVEREDGE DRIVE  
SUITE 505  
TAMPA, FL 33637

**New Mailing Address:**

FEI Number: 52-2354330      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KOCH & ASSOCIATES, P.A.  
ATTN: STEPHEN KOCH  
201 NORTH FRANKLIN ST., SUITE 3010  
TAMPA, FL 33602 US

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

KOCH & ASSOCIATES, P.A.  
ATTN: STEPHEN KOCH  
500 E KENNEDY BLVD, SUITE 100  
TAMPA, FL 33602 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/25/2005

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: DUPPINS, PRESTON O JR  
Address: 14025 RIVEREDGE DRIVE, STE 500  
City-St-Zip: TAMPA, FL 33637

Title: D ( ) Delete  
Name: CHAMNESS, THOMAS K  
Address: 606 W. 40TH STREET  
City-St-Zip: BALTIMORE, MD 21211

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

Title: PSTD (X) Change ( ) Addition  
Name: DUPPINS, PRESTON O JR  
Address: 14025 RIVEREDGE DRIVE, STE 505  
City-St-Zip: TAMPA, FL 33637

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PRESTON DUPPINS

Electronic Signature of Signing Officer or Director

PRES

04/25/2005

Date