2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003768

Entity Name: WILL GENIUS, INC.

FILED Sep 06, 2006 Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

2635 GRAMPIAN DRIVE WEST JACKSONVILLE, FL 32216

11201 HUDDERFIELD CIR N JACKSONVILLE, FL 32246

Current Mailing Address:

New Mailing Address:

2635 GRAMPIAN DRIVE WEST JACKSONVILLE, FL 32216

11201 HUDDERFIELD CIR N JACKSONVILLE, FL 32246

FFI Number:

FEI Number Applied For (X)

FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

OLMOGUEZ, VIOLETA 6504 ARLINGTON ROAD JACKSONVILLE, FL 32211 OLMOGUEZ, DARYL J 11201 HUDDERFIELD CIR N

JACKSONVILLE, FL 32246 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: DARYL J OLMOGUEZ

09/06/2006

Electronic Signature of Registered Agent

US

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

COBD () Delete OLMOGUEZ, VIOLETA Name: 6504 ARLINGTON ROAD Address: City-St-Zip: JACKSONVILLE, FL 32211

Title: PD () Delete OLMOGUEZ, DARYL Name:

Address: 2635 GRAMPIAN DRIVE WEST City-St-Zip: JACKSONVILLE, FL 32216

Title: () Delete OLMOGUEZ, LORILEE Name: Address: 1425 NW 6TH PLACE City-St-Zip: GAINESVILLE, FL 32603

(X) Change () Addition OLMOGUEZ, DARYL J Name:

Address: 11201 HUDDERFIELD CIR N City-St-Zip: JACKSONVILLE, FL 32246

Title: (X) Change () Addition

Name: PAN, BORY

Address: 11201 HUDDERFIELD CIR N City-St-Zip: JACKSONVILLE, FL 32246

Title: (X) Change () Addition

Name: ERMITANO, KIMBERLY A 5077 PARK CENTRAL DR APT 1511 Address:

City-St-Zip: ORLANDO, FL 32839

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARYL J OLMOGUEZ COBD 09/06/2006