


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 22, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P00000088566</b> 1. Entity Name <b>GENESIS CARPET &amp; UPHOLSTERY CLEANING SERVICES, INC.</b>	
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1st MOORE CR2E034 (10/05)

Principal Place of Business <b>321 WEST HOLLY DRIVE ORANGE CITY FL 32763</b>	Mailing Address <b>321 WEST HOLLY DRIVE ORANGE CITY FL 32763</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

4. FEI Number <b>59-3678889</b>	Applied For <input type="checkbox"/> Not Applied
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6. Name and Address of Current Registered Agent <b>ARATA, RECECCA A 321 WEST HOLLY DRIVE ORANGE CITY FL 32763</b>	7. Name and Address of New Registered Agent
	Name _____
	Street Address (P.O. Box Number is Not Acceptable) _____
	City <span style="float: right;"><b>FL</b> Zip Code _____</span>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
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B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D ARATA, CLIFFORD B	<input type="checkbox"/>
NAME	ARATA, CLIFFORD B	
STREET ADDRESS	321 WEST HOLLY DRIVE	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	D	<input type="checkbox"/>
NAME	ARATA, REBECCA A	
STREET ADDRESS	321 WEST HOLLY DRIVE	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

UN0000477496  
04/06/06-80053-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b>	<i>Rebecca A. Arata-Rebecca A. Arata</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/20/06	386 774 9001
	<i>CO-owner-VP</i>	<small>Date</small>	<small>Daytime Phone #</small>