

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000026379

FILED
Mar 11, 2005
Secretary of State

Entity Name: GENESIS ELECTRONICS MANUFACTURING, INC.

Current Principal Place of Business:

14201 MCCORMICK DRIVE
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

14201 MCCORMICK DRIVE
TAMPA, FL 33626

New Mailing Address:

FEI Number: 59-3702714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POINTER, MICHAEL D II
2510 118TH AVENUE NORTH
ST PETERSBURG, FL 33716 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GALINSKI, MICHAEL
Address: 2500 118TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33716

Title: S () Delete
Name: POINTER, D. MICHAEL
Address: 2510 118TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33716

Title: T () Delete
Name: LANDERS, STACY
Address: 14201 MCCORMICK DR
City-St-Zip: TAMPA, FL 3362

Title: P () Delete
Name: STOLLER, ROBERT
Address: 14201 MCCORMICK DRIVE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

SIGNATURE: D. MICHAEL POINTER II

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03/11/2005

Electronic Signature of Signing Officer or Director

_____ Date