

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000054799

FILED
Apr 28, 2005
Secretary of State

Entity Name: GENESIS BUSINESS SOLUTIONS, INC.

Current Principal Place of Business:

2401 ANTILLES DRIVE
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

2401 ANTILLES DRIVE
WINTER PARK, FL 32792

New Mailing Address:

PO BOX 1447
GOLDENROD, FL 32733

FEI Number: 56-2358200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RHODEN, PAULA R
2401 ANTILLES DRIVE
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

RHODEN, PAULA R
PO BOX 1447
GOLDENROD, FL 32733 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: PAULA R. RHODEN, PRES

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: RHODEN, PAULA R
Address: 3065G WHISPER LAKE LANE
City-St-Zip: WINTER PARK, FL 32792

Title: VP () Delete
Name: RHODEN, RAY O
Address: 3065G WHISPER LAKE LANE
City-St-Zip: WINTER PARK, FL 32792

Title: VP (X) Delete
Name: LAYNE, PAUL A
Address: PO BOX 1447
City-St-Zip: GOLDENROD, FL 32733

Title: SEC (X) Delete
Name: LAYNE, NADINE M
Address: PO BOX 1447
City-St-Zip: GOLDENROD, FL 32733

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: RHODEN, PAULA R
Address: PO BOX 1447
City-St-Zip: GOLDENROD, FL 32733

Title: VP (X) Change () Addition
Name: RHODEN, RAY O
Address: PO BOX 1447
City-St-Zip: GOLDENROD, FL 32733

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: PAULA R. RHODEN

PRES

04/28/2005

Electronic Signature of Signing Officer or Director

Date