

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000024858

1. Entity Name
 GEO-CORP, INC.



Principal Place of Business
 950 SOUTH PINE ISLAND ROAD,
 SUITE 150-1071
 PLANTATION, FL 33324 US

Mailing Address
 1255 CORPORATE CENTER DRIVE
 SUITE 207
 MONTEREY PARK, CA 91754 US



04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0738229	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KANG, STEPHEN
 950 SOUTH PINE ISLAND ROAD
 SUITE 150-1071
 PLANTATION, FL 33324

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8. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHOI, SAMULE
STREET ADDRESS	1255 CORPORATE CENTER DRIVE, SUITE 207
CITY-ST-ZIP	MONTEREY PARK, CA 91754

TITLE	D
NAME	KANG, STEPHEN
STREET ADDRESS	1255 CORPORATE CENTER DRIVE, SUITE 207
CITY-ST-ZIP	MONTEREY PARK, CA 91754

TITLE	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-07-2005 323-981-1310
Date Daytime Phone #