


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90053 044 \*\*\*150.00

<b>DOCUMENT # S42243</b>	
1. Entity Name <b>THE GENEVA GROUP, INC.</b>	

Principal Place of Business <b>144 BEAR PEN ROAD PONTE VEDRA BEACH FL 32082 US</b>	Mailing Address <b>144 BEAR PEN ROAD PONTE VEDRA BEACH FL 32082 US</b>
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2. Principal Place of Business <b>107 Barcelona Drive</b>	3. Mailing Address <b>107 Barcelona Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Jupiter, Florida</b>	City & State <b>Jupiter, Florida</b>
Zip <b>33458</b>	Country <b>USA</b>
Zip <b>33458</b>	Country <b>USA</b>



1st MOORE CR2E034 (10/04)

4. FEI Number <b>65-0248556</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>	
<b>BARDAKJY, MICHAEL 144 BEAR PEN ROAD PONTE VEDRA BEACH FL 32082</b>	
<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>107 Barcelona Drive</b>	
City <b>Jupiter Jupiter</b>	FL Zip Code <b>33458</b>

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BARDAKJY, NANCY 144 BEAR PEN ROAD PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BARDAKJY, MICHAEL 144 BEAR PEN ROAD PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Nancy Bardakjy **NANCY BARDAKJY** 1/25/2005 561-6941-1034  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #