2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 05, 2006 8:00 am Secretary of State **DOCUMENT # 362922** 1. Entity Name 05-05-2006 90159 007 ***150.00 GENIE BUILDING MANAGEMENT, INC. Principal Place of Business Mailing Address 637 2ND LN., BAY E PO BOX 3522 PO BOX 3522 VERO BEACH FL 32964 VERO BCH FL 32964 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1289663 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUTHERLAND, JOHN H Street Address (P.O. Box Number is Not Acceptable) 321 21ST ST, BOX 100 VERO BEACH FL 32960 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition RYDEEN, DONALD C NAME STREET ADDRESS STREET ADDRESS 307 BANYON WAY CITY-ST-ZIP MELBOURNE BEACH FL CITY-ST-ZIP TITLE SD ☐ Delete TITLE Change ☐ Addition RYDEEN, LOIS M NAME NAME STREET ADORESS STREET ADDRESS 307 BANYON WAY CITY-ST-ZIP MELBOURNE BEACH FL CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME PERRY, RUTH C 140 THE THE STREET ADDRESS STREET ADDRESS 4096 Wardell PLACE CITY-ST-ZIP CITY-ST-7IP Orlando, Fl 32814 TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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. LGIS MKYDEEN 4-26.2084

ING OFFICER OR DIRECTOR

Date

CITY-ST-ZIP 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

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