

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002057

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: GENESIS AND OMEGA INCORPORATED (GO)

## Current Principal Place of Business:

J.L. GIBSON MEMORIAL SCHOOL COMPOUND  
GURLEY STREET  
MONROVIA, LIBERIA, OC

## New Principal Place of Business:

J.L. GIBSON MEMORIAL SCHOOL COMPOUND  
GURLEY STREET  
MONROVIA, LIBERIA, FL 33030 US

## Current Mailing Address:

11741 NW 41 STREET  
SUNRISE, FL 33323

## New Mailing Address:

11741 NW 41 STREET  
SUNRISE, FL 33323 US

FEI Number: 59-3806568

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COSTA, PETER J  
11741 NW 41 STREET  
SUNRISE, FL 33323 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

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COSTA, PETER J  
Address: 11741 NW 41 STREET  
City-St-Zip: SUNRISE, FL 33323

Title: V ( ) Delete  
Name: OBIAMIWE, EMEKA  
Address: CAMP JOHNSON ROAD AND UN DRIVE  
City-St-Zip: MONROVIA, LIBERIA WEST AFRI, OC

Title: VT ( ) Delete  
Name: COSTA, ALTHEA M  
Address: 11741 NW 41 STREET  
City-St-Zip: SUNRISE, FL 33323

## 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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER J. COSTA

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date