## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000004449

City-St-Zip:

NEW ALBANY, IN 47150

Entity Name: GENESIS ONE HOME LOANS, INC.

FILED Jan 11, 2008 Secretary of State

Littly Na	ille. GENESI	3 ONE HOWE LOANS, INC.						
Current Principal Place of Business:				New Principal Place of Business:				
3602 NORTHGATE CT., #31 NEW ALBANY, IN 47150				3602 NORTHGATE CT., #31 SUITE 31 NEW ALBANY, IN 47150				
Current Mailing Address:				New Mailing Address:				
3602 NORTHGATE CT., #31 NEW ALBANY, IN 47150				3602 NORTHGATE CT., #31 SUITE 31 NEW ALBANY, IN 47150				
FEI Number	: 32-0105214	FEI Number Applied For ( )	FEI Nun	nber Not App	licable ( )	Certificate	of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
2731 EXECUTE WESTON  The above	RVICES, INC. CUTIVE PARI , FL 33331 a named entity e of Florida.	CDR., STE. 4 US submits this statement for th	e purpose o	f changing i	its registered	d office or reg	istered agent, or both,	
SIGNATU	RE:							
	Electro	nic Signature of Registered A	Agent			Da	ate	
Election Ca	mpaign Financir	ng Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	SHERRILL, M	RIVER TRACE		Title: Name: Address: City-St-Zip:		() Change ()	Addition	
Title: Name: Address: City-St-Zip:	DURBIN, JOH 5614 BAILEY			Title: Name: Address: City-St-Zip:		() Change ()	Addition	
Title: Name: Address:	T ( DONES, CHRI 2877 SANDAL			Title: Name: Address:	T DONES, CH 7004 TWIN	(X) Change() RIS SPRINGS DRIVE		

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SELLERSBURG, IN 47172

SIGNATURE: CHRISTIAN DONES T 01/11/2008