


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90052 004 \*\*\*150.00

<b>DOCUMENT # F98000004573</b> 1. Entity Name GP GENESIS CORP.	
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Principal Place of Business 280 DAINES STREET, SUITE 300 BIRMINGHAM, MI 48009	Mailing Address 280 DAINES STREET, SUITE 300 BIRMINGHAM, MI 48009
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 38-3449706	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
RINES, MILTON  
15235 S TAMiami TRAIL  
FT MEYERS, FL 33908

**DO NOT WRITE  
IN THIS SPACE**

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.

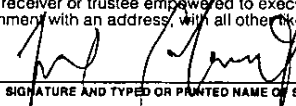
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZLOTOFF, PAUL M 280 DAINES STREET, SUITE 300 BIRMINGHAM, MI 48009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SCHWARTZ, JOEL 280 DAINES STREET, SUITE 300 BIRMINGHAM, MI 48009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SOBERMAN, CHARLES A 280 DAINES STREET, SUITE 300 BIRMINGHAM, MI 48009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZLOTOFF, ROGER 280 DAINES STREET, SUITE 300 BIRMINGHAM, MI 48009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ZUSSMAN, RICHARD A ONE WOODWARD AVE., SUITE 2400 DETROIT, MI 48226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 the empowered.

**SIGNATURE:**  **4/4/05** **(248) 645-9220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #