## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L72542

Address:

City-St-Zip:

Name: GENESIS TRAVEL BENEFITS, INC

FILED Apr 08, 2008 Secretary of State

Entity Nar	me: GENESIS	TRAVEL BENEFITS, INC.					
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
815 S. OR TAMPA, F	EGON AVE L 33606 US	3		2804 SHORE BREEZE DR. TAMPA, FL 33611 US			
Current M	lailing Addres	s:	New Maili	New Mailing Address:			
815 S. OR TAMPA, F	EGON AVE L 33606 US	<b>S</b>	2804 SHO TAMPA, F	RE BREEZE D L 33611 US			
FEI Number:	: 59-3012481	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desire	d ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of N	New Registered Agent:		
2511 BAÝS #505	WILLIAM C SHORE BLVD L 33629 US		2804 SHÓ	KNOPKE, WILLIAM C II 2804 SHORE BREEZE DR. TAMPA, FL 33611 US			
	named entity see of Florida.	submits this statement for the	purpose of changing	its registered o	ffice or registered agent,	or both,	
SIGNATUR	RE: WILLIAM	C. KNOPKE II		04/08/2008			
	Electron	ic Signature of Registered Ag	ent		Date		
Election Car	որaign Financing	Trust Fund Contribution ( ).					
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () KNOPKE, WILL 2511 BAYSHOF TAMPA, FL 336	RE BLVD #505	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition		
Title: Name: Address: City-St-Zip:	DCS () KNOPKE, WILL 815 S OREGON TAMPA, FL 336	I AVENUE	Title: Name: Address: City-St-Zip:	DCS (X KNOPKE, WILL 2804 SHORE E TAMPA, FL 33	BREEZE DR.		
Title: Name: Address: City-St-Zip:	DP () REYNOLDS, SI 146 VIA D'ESTE DELRAY BEAC	E #1010	Title: Name: Address: City-St-Zip:		) Change ()Addition		
Title: Name: Address: City-St-Zip:	D () HAROLD, BREV 16316 COLWO ODESSA, FL 3	OD DR.	Title: Name: Address: City-St-Zip:	D (X BREWER, HAR 16316 COLWO ODESSA, FL 3	OOD DR.		
Title: Name:	( )	Delete	Title: Name:	D ( ) TORRISON, MA	) Change (X) Addition ARK		

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.

Address: 83 QUIET OAK CIRCLE
City-St-Zip: THE WOODSLANDS, TX 77381

SIGNATURE: WILLIAM C. KNOPKE II CDS 04/08/2008