

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L72542

FILED  
May 01, 2009  
Secretary of State

Entity Name: GENESIS TRAVEL BENEFITS, INC.

## Current Principal Place of Business:

2804 SHORE BREEZE DR.  
TAMPA, FL 33611 US

## New Principal Place of Business:

13902 N. DALE MABRY HWY  
#206  
TAMPA, FL 33618-242 US

## Current Mailing Address:

2804 SHORE BREEZE DR.  
TAMPA, FL 33611 US

## New Mailing Address:

13902 N. DALE MABRY HWY  
#206  
TAMPA, FL 33618-242 US

FEI Number: 59-3012481

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KNOPKE, WILLIAM C II  
2804 SHORE BREEZE DR.  
TAMPA, FL 33611 US

## Name and Address of New Registered Agent:

KNOPKE, WILLIAM C II  
20204 GULF BLVD.  
#9  
INDIAN SHORES, FL 33785 US

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:

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KNOPKE, WILLIAM C SR.  
Address: 2511 BAYSHORE BLVD #505  
City-St-Zip: TAMPA, FL 33629

Title: DCS ( ) Delete  
Name: KNOPKE, WILLIAM C II  
Address: 2804 SHORE BREEZE DR.  
City-St-Zip: TAMPA, FL 33611

Title: DP ( ) Delete  
Name: REYNOLDS, SIMON D  
Address: 146 VIA D'ESTE #1010  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete  
Name: BREWER, HAROLD  
Address: 16316 COLWOOD DR.  
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete  
Name: TORRISON, MARK  
Address: 83 QUIET OAK CIRCLE  
City-St-Zip: THE WOODSLANDS, TX 77381

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DCS (X) Change ( ) Addition  
Name: KNOPKE, WILLIAM C II  
Address: 20204 GULF BLVD #9  
City-St-Zip: INDIAN SHORES, FL 33785

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 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.

SIGNATURE: WILLIAM C KNOPKE, II

CDS

05/01/2009

Electronic Signature of Signing Officer or Director

Date