## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000001940

Entity Name: GENESIS DEBT SOLUTIONS, INC.

FILED Apr 30, 2005 Secretary of State

| Comment Drive in al Diago of Descinator | New Principal Place of Business  |
|---|----------------------------------|
| Current Principal Place of Business:    | New Principal Place of Business: |

6500 FOREST CITY RD ORLANDO, FL 32810

Current Mailing Address: New Mailing Address:

6500 FOREST CITY RD P.O BOX 580306 ORLANDO, FL 32810 P.O BOX 580306 ORLANDO, FL 32858

FEI Number: 36-4547670 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MALAHOO, ANDREW
6500 FOREST CITY RD
ORLANDO, FL 32810 US
MALAHOO, ANDREW
P.O 508306
ORLANDO, FL 32858 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: ANDREW MALAHOO 04/30/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 MALAHOO, ANDREW
 Name:
 MALAHOO, ANDREW

 Address:
 259-90 148TH AVE
 Address:
 P. O BOX 580306

 City-St-Zip:
 ROSEDALE, NY 11422
 City-St-Zip:
 ORLANDO, FL 32858

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MALAHOO, PAULINE
 Name:

 Address:
 259-90 148TH AVE
 Address:

 City-St-Zip:
 ROSEDALE, NY 11422
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MERCADO, NATHAN
 Name:

 Address:
 4824 OIERCE ARROW DR
 Address:

 City-St-Zip:
 APOPKA, FL 34712
 City-St-Zip:

Title: DT (X) Delete Title: ( ) Change ( ) Addition

 Name:
 ANYANWU, ALPHONS
 Name:

 Address:
 6500 GOREST CITY RD
 Address:

 City-St-Zip:
 ORLANDO, FL
 32810
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDREW MALAHOO MR 04/30/2005