2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400003690

Entity Name: GENESIS SPORTS & CULTURE CLUB, INC.

FILED Jun 10, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10401 SW 9TH LANE PEMBROKE PINES, FL 33025 **Current Mailing Address: New Mailing Address:** 10401 SW 9TH LANE P.O.BOX 246774 PEMBROKE PINES, FL 33025 PEMBROKE PINES, FL 33024 FEI Number: 43-2061114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CASCOE, JOHN S 10401 SW 9TH LANE PEMBROKE PINES, FL 33025 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CASCOE, JOHN S Name: Name: 10401 SW 9TH LANE Address: Address: City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: Title: () Delete Title: (X) Change () Addition YOUNG, KARINA L Name: LEVERMORE, KEVIN Name: Address: 500 SW 108 AVE # 107 Address: 2100 N.W 98 WAY City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: PEMBROKE PINES, FL 33024 Title: () Delete Title: (X) Change () Addition MITCHELL, LEON Name: TELFER, ONIEL Name: 2831 N.OAKLORD FORREST DRIVE#105 Address: Address: 1270 NW 192 ST City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: MIAMI, FL 33169 Title: () Delete Title: (X) Change () Addition Name: THOMAS, MILTON Name: RAMSAMMY, LOUISA 20135 E. OAKMOUNT CIR 245 N.W 188 ST Address: Address: City-St-Zip: HIALEAH, FL 33015 City-St-Zip: MIAMI, FL 33169 Title: () Delete Title: (X) Change () Addition BRYAN, MARK SPALDING, BASIL Name: Name: 10401 SW 9TH LANE 15975 N.E. 18 AVE Address: Address: City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: N.M.B., FL 33164 Title: () Delete Title: () Change (X) Addition WILLIAMS, GEORGE Name: Name: Address: Address: 650 N.E. 149 ST #305 MIAMI, FL 33161 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN S CASCOE P 06/10/2006