

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000090529

FILED
Jan 06, 2006
Secretary of State

Entity Name: GENIUNEHHERBS INC.

Current Principal Place of Business:

211 SOUTH KEYSTONE ROAD
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

211 SOUTH KEYSTONE ROAD
VENICE, FL 34292

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JOSEPH, KUNCHERIA MD
2522 NORTHWAY DRIVE
VENICE, FL 34292 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOSEPH, KUNCHERIA
Address: 2522 NORTH WAY DR
City-St-Zip: VENICE, FL 34292

Title: ST () Delete
Name: SCHWARZ, MICHAEL
Address: 211 SOUTH KEYSTONE ROAD
City-St-Zip: VENICE, FL 34292

Title: S () Delete
Name: DELCASTILLO, GASTON
Address: 2524 SW 31 TERRACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MICHAEL SCHWARZ

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01/06/2006

Electronic Signature of Signing Officer or Director

_____ Date