2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State				
DOCUI	MENT # P010000203				•	008 ***150.			
GENESIS ENVIRONMENTAL SERVICES, INC.									
Principal Place 4445 NW 65 LAUDERHILL,	AVENUE	Mailing Address 4445 NW 65 AVENUE LAUDERHILL, FL 33319			. BP(B) (181) 89 (4) 88 (4) 8 8(I SOMO MON	A. 1983 (1881 8 21884	() (444)	

D	O NOT WRITE	CE	02212006	No Chg-P	CR2E0	34 (11/05)	d Car		
			-	4. FEI Numb			Applie Not Ap	plicable	
				5. Certificate	of Status Desired		\$8.75 Addition Fee Required	ıat	
	6. Name and Address of Current R	egistered Agent							
	SEPH K PA		DO	NOT W	RITE	•			
3284 N ST. LAUDERD	ATE RD / ALE LAKES, FL 33319								
	je i		IN	THIS SP	ACE	•			
1	· · · · · · · · · · · · · · · · · · ·								
	named entity submits this statement for ions of registered agent.	he purpose of changing its register	ed office or register	ed agent, or bo	oth, in the State of Flo	rida. I am f	amiliar with, and	accept	
SÍGNATURE									
	Signature, typed of printed name of registered agent an	1 title if applicable. (NOTE: Registers	ed Agent signature required	when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees					
10.	OFFICERS AND D	Ţ <u>¨</u>							
TITLE NAME	PSTD HUDSON, MCKINLEY D		1						
STREET ADDRESS	4445 NW 65TH AVE								
CITY-ST-ZIP	LAUDERHILL, FL [®] 33319		4						
TITLE NAME									
STREET ADDRESS									
CITY-ST-ZIP		 	4						
TITLE NAME									
STREET ADDRESS			ł	DO	NOT W	DITE	_		
CITY-ST-ZIP			1	DO	NOT W	Kile			
TITLE NAME			Ĭ	IN	THIS SF	PACE			
STREET ADDRESS			1						
CITY - ST - ZiP			4						
TITLE NAME									
STREET ADDRESS			1						
CITY-ST-ZIP	, <u>,</u>		1						
TITLE									
NAME STREET ADDRESS									

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

McKinlan Itudson McKinlay D. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

428.06

Daytime Phone #