2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000023608

Entity Name: GEOAGE, INC.

FILED Feb 27, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
SUITE 9	DHNS BLUFF I /ILLE, FL 3222						
Current Mailing Address:				New Mailing Address:			
3740 ST. JC SUITE 9	DHNS BLUFF I VILLE, FL 3222	RD. S.					
FEI Number:	59-3705421	FEI Number Applied For ()	FEI Num	nber Not Applie	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
MCCLIANG, KYLE 13115 VIA ROMA CT JACKSONVILLE, FL 32224 US			MCCLUNG, KYLE S 13115 VIA ROMA CT JACKSONVILLE, FL 32224 US				
The above r		ubmits this statement for the pur	rpose of	f changing its	s registered	d office or registered agent, or both,	
SIGNATURE: KYLE MCCLUNG					02/27/2007		
	Electroni	c Signature of Registered Agent	t			Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D () I MARINATOS, AN 5396 OAK BAY I JACKSONVILLE,	DRIVE NORTH		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I LAMBERT, J. DA 1823 SELVA GR ATLANTIC BEAC	ANDE DRIVE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I MERCKEL, GER 4390 TRADEWIN JACKSONVILLE	IDS DR		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	P () I ARNOLD, JEFF 700 IRONWOOD PONTE VEDRA E			Title: Name: Address: City-St-Zip:	ARNOLD, JE 122 COASTA		
Title: Name: Address: City-St-Zip:	S () I MCCLIANG, KYL 13115 VIA ROMA JACKSONVILLE,	A CT		Title: Name: Address: City-St-Zip:	MCCLUNG, I 13115 VIA R		
Title: Name: Address: City-St-Zip:	ARNOLD, JEFF	BLUFF RD. SOUTH # 416		Title: Name: Address: City-St-Zip:	PURCELL, K 1908 1ST ST		

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: JEFF ARNOLD P 02/27/2007