

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000000777

**FILED**  
**Apr 14, 2006**  
**Secretary of State**

**Entity Name:** GENIUS ADVERTISING, INC.

**Current Principal Place of Business:**

250 180 DRIVE  
SUITE 351  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

1000 E ATLANTIC BLVD, SUITE 205-F  
POMPANO BEACH, FL 33060 US

**Current Mailing Address:**

P.O. BOX 415466  
MIAMI BEACH, FL 33141

**New Mailing Address:**

P.O. BOX 415466  
MIAMI BEACH, FL 33141 US

**FEI Number:** 51-0437625

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COUTINHO, ADEMILSON  
250 180 DRIVE  
SUITE 351  
SUNNY ISLES, FL 33160 US

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

TAXPLACE, CORP.  
2721 S. US 1 SUITE 9  
FORT PIERCE, FL 34982 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:** CLAUDIO RIBEIRO

04/14/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** VD ( ) Delete  
**Name:** COUTINHO, ADEMILSON  
**Address:** 250 180 DRIVE, SUITE 351  
**City-St-Zip:** SUNNY ISLES, FL 33160

**Title:** PD ( ) Delete  
**Name:** RAVANI, MARIA  
**Address:** 250 180 DRIVE, SUITE 351  
**City-St-Zip:** SUNNY ISLES, FL 33160

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** P/D (X) Change ( ) Addition  
**Name:** COUTINHO, ADEMILSON  
**Address:** 1000 E ATLANTIC BLVD, SUITE 205-F  
**City-St-Zip:** POMPANO BEACH, FL 33060 US

**Title:** P/D (X) Change ( ) Addition  
**Name:** RAVANI, MARIA  
**Address:** 1000 E ATLANTIC BLVD, SUITE 205-F  
**City-St-Zip:** POMPANO BEACH, FL 33060 US

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:** MARIA RAVANI

PD

04/14/2006

Electronic Signature of Signing Officer or Director

Date