## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000084344

## FILED May 01, 2006 08:00 Al Secretary of State

-27-06 (239) 390-9544

Daytime Phone #

GENÚS LOCI STUDIO, CORP			
Principal Place of Business 27617 SUFFRIDGE DRIVE BONITA SPRINGS, FL 34135 US	Mailing Address 27617 SUFFRIDGE DRIVE BONITA SPRINGS, FL 34135	US	
, , , , , , , , , , , , , , , , , , ,			
		^-	04252006 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPA		CE	4. FEI Number Applied For 20-1177173 Not Applicable
			5. Certificate of Status Desired   \$8.75 Additional Fee Required
6. Name and Address of Curre	nt Registered Agent		
ROBINSON, WAYNE E JR 27617 SUFFERIDGE DR BONITS SPRINGS, FL FL			DO NOT WRITE IN THIS SPACE
<ol> <li>The above named entity submits this statemen the obligations of registered agent.</li> </ol>	t for the purpose of changing its register	red office or register	ered agent, or both, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered ag	ent and title if spolicable. (NOTE: Registers	ed Apant signature requires	ed when reinstating) DATE
FILE NOW!!! FEE IS \$150,00 After May 1, 2006 Fee will be \$55	S. Election Campaign Final     Trust Fund Contribution.		5.00 May Be ided to Fees
	ND DIRECTORS	-1	-
TITLE P	1		

, 10.	CITICE TO AND DIFFECT ON	to the control of the
TITLE NAME STREET ADDRESS CHY-ST-ZIP	P ROBINSON, WAYNE E JR 27617 SUFFRIDGE DRIVE BONITA SPRINGS, FL 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELKINS, CHAD 27780 MATHESON AVE. BONITA SPRINGS, FL 34135	000000551665 05/13/06-80108-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	; ;	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	] ]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby of indicated of the cor changed.	pertity that the information supplied with this filing does not qualify for the contribution of supplemental report is true and accurate and that my poration or the receiver or trustee empowered to execute this report as or on an attachment with an address, with all other like empowered.	the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information signature shall have the same legal effect as it made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

WAYNE E. ROBINSON JR.

MAYNE E.

SIGNATURE: (