## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90409 003 \*\*\*150.00 DOCUMENT # P04000084344 1. Entity Name GENUS LOCI STUDIO, CORP 4000001 Principal Place of Business Mailing Address 27617 SUFFRIDGE DRIVE 27617 SUFFRIDGE DRIVE BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3511 BONITA BAY BLVD. 3511 BONITA BAY BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 Chg-P CR2E034 (12/06) SUITE 1 SUITE 1 City & State BONITA SPRINGS, FL City & State BONITA SPRINGS, FL Applied For 4. FEI Number 20-1177173 Not Applicable Zip 34134 Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBINSON, WAYNE E JR Street Address (P.O. Box Number is Not Acceptable) 27617 SUFFERIDGE DR BONITS SPRINGS, FL FL Zip Code B. The above named entity submits this state of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150,00 After May 1, 2007 Fee will be \$550:00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE Change ☐ Addition ROBINSON, WAYNE E JR NAME MAME STREET ADDRESS 27617 SUFFRIDGE DRIVE STREET ADDRESS BONITA SPRINGS, FL 34135 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ELKINS, CHAD NAME NAME STREET ADDRESS 27780 MATHESON AVE. STREET ADDRESS COY-ST-7IP **BONITA SPRINGS, FL 34135** CITY-ST-7IP IIILE ☐ Delete TIRE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier extra properties free 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 tjustee 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 the application, with all other like empowered. 239.390.9544 CHAD ELKINS SIGNATURE:

FILED