2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 17, 2006 08:00 A Secretary of State

| DOCUMENT # P040 1. Entity Name GENORA, INC. | 000086224 | | | | | | |
|---|----------------------|--|--|--|--|--|--|
| Principal Place of Business | Mailing Address | | | | | | |
| 7520 COURTYARD RUN E | 7520 COURTYARD RUN E | | | | | | |

| | | | 100 111 | | | | |
|--|--|---|--------------------------------|---------------------------|--------------------------|-------------------------------|----------------------|
| 7520 COURT | re of Business TYARD RUN E N, FL 33433 | Mailing Address 7520 COURTYARD RUN E BOCA RATON, FL 33433 | | | | | |
| | | | | | | | |
| DO NOT WRITE IN THIS SPACE | | CF. | 05122006 | | | | |
| | | J L | 4. FEI Numb | | } | Applied For Not Applicable | |
| | | | | 5. Certificate | of Status Desired | | 5 Additional aguired |
| | 6. Name and Address of Current Re | gistered Agent | - | | | F90 K | equired |
| GETTONE, VERNON G JR 7520 COURTYARD RUN E BOCA RATON, FL 33433 | | | DO NOT WRITE IN THIS SPACE | | | | |
| 8. The above | named entity submits this statement for the | ne purpose of changing its registere | ed office or req | gistered agent, or bo | oth, in the State of Flo | rida. I am familia | with, and accept |
| SIGNATURE. | · · | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent and | title if applicable (NOTE: Registered | Agent signature re | iquired when reinstating) | | DATE | |
| FILE NOWIII FEE IS \$550.00 Due by September 6, 2006 9. Election Campaign Finance Trust Fund Contribution. | | ocing | \$5.00 May Be Added to Fees | i | | | |
| 10. | OFFICERS AND DI | RECTORS | <u> </u> | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT GETTONE, VERNON G JR 7520 COURTYARD RUN E BOCA RATON, FL 33433 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | U000005i 05/20/06-8i | 65084 0107-006 ! | 550.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |] | DO | NOT W | RITE | |
| TITLE NAME STREET ADDRESS CITY-ST-2IP | | | | IN | THIS SF | ACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |] | | | | |
| 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: Whom

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-0b

961-350-715

Daytime Phone #