

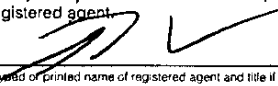
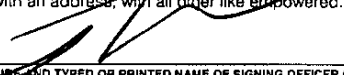


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 29, 2005 8:00 am**  
**Secretary of State**

07-29-2005 90015 003 \*\*\*150.00

<b>DOCUMENT # P04000123165</b> 1. Entity Name <b>GENESIS CREATIONS CORP</b>					
Principal Place of Business <b>9231 JASMINE BLVD. NEW PORT RICHEY, FL 34654</b>			Mailing Address <b>9231 JASMINE BLVD. NEW PORT RICHEY, FL 34654</b>		
2. Principal Place of Business <b>9231 JASMINE BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.			
City & State <b>New Port Richey</b> Zip <b>34654</b>		City & State <b>FL</b> Zip <b>34654</b>		4. FEI Number <b>412159499</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				05312005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>MINICHINO, MICHAEL A 9961 CAMPS WOOD CIR. NEW PORT RICHEY, FL 34654</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CAPPADONA, THOMAS P</b> <b>9231 JASMINE BLVD.</b> <b>NEW PORT RICHEY, FL 34654</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MINICHINO, MICHAEL A</b> <b>9961 CAMPS WOOD CIR.</b> <b>NEW PORT RICHEY, FL 34654</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b>  <b>July 17 05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					