2005 FOR PROFIT CORPORATION

SIGNATURE: ≤

Jan 26, 2005 8:00 am Secretary of State **ANNUAL REPORT** 01-26-2005 90025 037 ***150.00 DOCUMENT # P04000146626 GEN-ENERGY, INC. PLOQUUUG Principal Place of Business Mailing Address 22120 SERENATA CIRCLE 22120 SERENATA CIRCLE BOCA RATON, FL 33433 BOCA RATON, FL 33433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182005 Chg-P CR2E034 (10/03) City & State 4. FFI Number Applied For City & State 51-0528520 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHARLES F RIEDLING SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 22120 SERENATA CIRCLE 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 Zip Code 33433 City BOCA RATON 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 1- 12-05 t and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PΩ Delete TITLE ☐ Change Addition TITLE RIEDLING, CHARLES Fail NAME NAME 22120 SERENATA CIRCLE STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33433 CRY-ST-ZP CITY-ST-ZIP TITLE Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change - Addition Detete nne TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-712 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TILLE NAME MASAF 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

OFFICER OR DIRECTOR

1-22-05

561-391-2310

FILED