


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

06-19-2006 90003 032 \*\*\*150.00

<b>DOCUMENT # P05000008430</b> 1. Entity Name <b>GENESIS SCREENING CO., INC.</b>																											
Principal Place of Business <b>4314 CONCERT STREET</b> <b>PORT CHARLOTTE, FL 33948 US</b>		Mailing Address <b>4314 CONCERT STREET</b> <b>PORT CHARLOTTE, FL 33948 US</b>																									
2. Principal Place of Business <b>273 HIRAM ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>273 HIRAM ST</b> Suite, Apt. #, etc.																									
City & State <b>PUNTA GORDA FL</b> Zip <b>33982</b> Country <b>US</b>		City & State <b>PUNTA GORDA FL</b> Zip <b>33982</b> Country <b>US</b>																									
4. FEI Number <b>20-2173364</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>FRASER, AUDREY E</b> <b>4314 CONCERT STREET</b> <b>PORT CHARLOTTE, FL 33948</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 <u>Audrey Fraser</u> <u>Audrey Fraser Director</u> <u>6-14-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</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.																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P T</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FRASER, AUDREY E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4314 CONCERT STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT CHARLOTTE, FL 33948</td> <td></td> </tr> </table>		TITLE	P T	<input type="checkbox"/> Delete	NAME	FRASER, AUDREY E		STREET ADDRESS	4314 CONCERT STREET		CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">273 HIRAM ST</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PUNTA GORDA FL 33982</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	273 HIRAM ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PUNTA GORDA FL 33982		STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Audrey E Fraser</u> <u>Audrey E Fraser Director</u> <u>6-14-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 941.575.2609</small>																											