2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000088709 1. Enity Name GENIE CORP.							Jan 29, 2007 08:00 AM Secretary of State				
Principal Place of Business 977 STONEWOOD LANE MAITLAND FL 32751 US				Mailing Address 977 STONEWOOD LANE MAITLAND FL 32751 US							
2. Principal Place of Business - No P O. Box #				3. Mailing Address							
Suite. Apt. #, etc.			Suito, Apt. #, etc.				1st MOORE CR2E034 (10/06)				
City & State			City & Stato				4. FEI Number 20-3043153 Applied For Not Applicable				
Zip	Zip Country				try	5. Certificate of Status Desired \$8.75 Additional Fee Required					
· · · · · · · · · · · · · · · · · · ·	6. Name	and Address of Current	Register	ed Agent		News	7. Name and	d Address of New Regis	tered Ag	jent	
DUBIN, STEPHEN E 977 STONEWOOD LANE MAITLAND FL 32751						Name Street Address (P.O. Box Number is Not Acceptable)					
						City	FL 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 Signature, typoid or printed name of registered agent and title in applicable (NOTE: Registered Agent signature required when reinstating) DA11:											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State								Section Campaign Trust Fund Contribu	•		00 May Be od to Fees
10.		OFFICERS AND	DIRECTO)RS	11.		ADDITIONS	/CHANGES TO OFFICE	RS AND E	PECTORS	3 IN 11
NAMI STRUET ADDRESS CHY-ST-ZIP		TEPHEN E JEWOOD LANE D FL 32751		☐ Deleie		t t		U0000061032 02/02/07-80041	29 [-006	_ Change 150.00	☐ Addition
NAME STREET ADDRESS GRY-ST-ZIP	977 STON	ITZ, MARILYN J EWOOD LANE D FL 32751		Defete					[Change	☐ Addition
NAMI STREET ADDRESS CITY-SE-ZIP	977 STON	ITZ, MARILYN J EWOOD LANE D FL 32751		☐ Delete					[Change	Addition
NAME STOLET ADDRESS CUTY-ST-ZIP		EPHEN E EWOOD LANE D FL 32751		☐ Delate					ľ	Change	Addition
ITHE NAMI STREET ADDRESS CHY-SE-ZIP				☐ Defete	•				[Change	Addition
TOTAL NAME STRUCT ADDRESS CHY+ST-ZIP				☐ Delete					[Change	Addition
indicated of the cor	l on this repo rporation or t	ne information supplied with rt or supplemental report is the receiver or trustee emp attachment with an addres	true and lowered t	Laccurate and that mater to the control of the cont	ny signat t as roqu	ture shall have the	same logal offo	ct as if made under oath	, that I am	an officer	or director

SIGNATURE: STEPHEN E. DUBIN Stephen E. Dubin - Broidert 1/26/07 407 934 9189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF ICER OR DIRECTOR

Date Disputer Priories

FILED