## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State DOCUMENT # P06000020278** 01-25-2007 90039 030 \*\*\*150.00 1. Entity Name GENAIREX INTERNATIONAL, INC. Principal Place of Business Mailing Address CPOOUUU 15371 ROOSEVELT BLVD STE 100 15371 ROOSEVELT BLVD STE 100 CLEARWATER, FL 33760 CLEARWATER, FL 33760 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01122007 Chg-P Applied For City & State City & State 4. FEI Number Not Applicable <u>55-0915522</u> 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 Name LYONS, GARY W Street Address (P.O. Box Number is Not Acceptable) 311 S MISSOURI AVE CLEARWATER, FL 33756 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DP KURHN, STEPHEN L TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS 15371 ROOSEVELT BLVD STE 100 STREET ADDRESS CLEARWATER, FL 33760 CITY-ST-ZIP CITY-ST-7/P DVT TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOOGLAND, HENK NAME NAME STREET ADDRESS 15371 ROOSEVELT BLVD STE 100 STREET ADDRESS CITY+ST-ZIP CLEARWATER, FL 33760 CITY-ST-ZIP TITLE DVS ☐ Delete TITLE ☐ Change ☐ Addition BEMMEL, H. VAN NAME NAME STREET ADDRESS 15371 ROOSEVELT BLVD STE 100 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33760 CITY-ST-ZIP TITLE TITLE ☐ Delete Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition TITLE 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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied hental 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 of the corporation or the received

G OFFICER OR DIRECTOR

FILED Jan 25, 2007 8:00 am

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