

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000114173

FILED
Aug 06, 2007
Secretary of State

Entity Name: GENESIS ARTESIAN CRAFTS INC.

Current Principal Place of Business:

310 DUVAL STREET
5
KET WEST, FL 33040 US

New Principal Place of Business:

2439 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33431 US

Current Mailing Address:

5749 WIND DRIFT LANE
BOCA RATON, FL 33433 US

New Mailing Address:

2439 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33431 US

FEI Number: 20-5443062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOTTERMANN, KIM J
5749 WIND DRIFT LANE
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: LOTTERMANN, KIM J
Address: 5749 WIND DRIFT LANE
City-St-Zip: BOCA RATON, FL 33433 US

Title: VP () Delete
Name: LOTTERMANN, LUCY M
Address: 5749 WIND DRIFT LANE
City-St-Zip: BOCA RATON, FL 33433 US

Title: SEC (X) Delete
Name: BASSETT, JAN
Address: 261 NW 7TH STREET
City-St-Zip: BOCA RATON, FL 33432 US

Title: TR (X) Delete
Name: LOTTERMANN, KEVIN J
Address: 4980 NE 11TH AVE -
City-St-Zip: FT. LAUDERDALE, FL 33334 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM J. LOTTERMANN

PRES

08/06/2007

Electronic Signature of Signing Officer or Director

Date