2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000125979

FILED Apr 06, 2007 Secretary of State

Entity Name: GENESIS RESTAURANT VENTURES, INC. **Current Principal Place of Business: New Principal Place of Business:** 2839 ORANGE GROVE TRAIL NAPLES, FL 34120 **Current Mailing Address: New Mailing Address:** 2839 ORANGE GROVE TRAIL NAPLES, FL 34120 FEI Number: 84-1269374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SOUTNER, STEVEN 2839 ORANGE GROVE TRAIL NAPLES, FL 34120 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: **PRFS** (X) Change () Addition SOUTNER, STEVEN M Name: SOUTNER, STEVEN M 2839 ORANGE GROVE TRAIL 2839 ORANGE GROVE TRAIL Address: NAPLES, FL 34120 City-St-Zip: NAPLES, FL 34120 ٧S Title: () Delete () Change () Addition

PARKER, CO 80138

City-St-Zip:

Name: Address: City-St-Zip: Title: Name: BIONDI, MEL J Name: 2839 ORANGE GROVE TRAIL Address: Address: NAPLES, FL 34120 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition CARLSON, DENNIS LEE Name: Name: 3880 E. SOUTH ATCHISON WAY Address: Address: City-St-Zip: AURORA, CO 80014 City-St-Zip: Title: () Delete Title: () Change () Addition BIONDI, DENISE Name: Name: Address: 20983 WOODSIDE LANE Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: STEVEN M SOUTNER **PRES** 04/06/2007