

SIGNATURE:

2008 FOR PROFIT CORPORATION

Apr 28, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P06000125979** 04-28-2008 90345 005 ***150.00 GENESIS RESTAURANT VENTURES, INC. Principal Place of Business Mailing Address 2839 ORANGE GROVE TRAIL 2839 QRANGE GROVE IRAIL NAPLES, EL 34120 NAPLES, EL-34T20 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9(00 22no Ave Suite, Apt. #, etc. Suite, Apt. #, etc. 03132008 Chg-P CR2E034 (12/06) 10 STC1 City & State 4. FEI Number Applied For 84-1269374 Not Applicable Country COLLICA 7in 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 SOUTNER, STEVEN Street Address (P.O. Box Number is Not Acceptable) 2839 ORANGÉ GROVE-TRAIL NAPLES FL 34120 City MAPLES 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_ (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRES TITLE TITLE ☐ Change ☐ Delete SOUTNER, STEVEN M NAME 960 2200 Ave N 2839 ORANGE GROVE-TRAIL STREET ADDRESS STREET ADORESS FL 34103 CITY-ST-ZIP NAPLES, FL 34120 CITY-ST-ZIP Delete ☐ Addition TITLE BIONDI, MEL J NAME NAME 960 3000 Ave 2839 QRANGE GROVE TRAIL STREET ADDRESS STREET ADDRESS NAPLES EL 34120 CITY-ST-ZIP CITY-ST-ZIP 34/03 TITLE Delete TITLE ☐ Chapne ■ Addition NAME CARLSON, DENNIS LEE NAME STREET ADDRESS 3880 E. SOUTH ATCHISON WAY STREET ADORESS CITY-ST-ZIP **AURORA, CO 80014** CITY-ST-ZIP ☐ Delete ☐ Addition BIONDI, DENISE NAME NAME 20983 WOODSIDE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PARKER, CO 80138 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

ATURE AND TYPED OR REINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED