2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000130152

FILED Mar 22, 2009 Secretary of State

Entity Name: GENES CONSTRUCTION AND CONSTRUCTION PRODUCTS GLOBAL, INC

Current Principal Place of Business: New Principal Place of Business:

244 N. RIDGEWOOD AVENUE 905 E MLK DR DAYTONA BEACH SUITE 220

FLORIDA, FL 32114 TARPON SPRINGS, FL 34689

Current Mailing Address: New Mailing Address:

PO BOX 10582 PO BOX 794

DAYTONA BEACH, FL 32120 TARPON SPRINGS, FL 34688

FEI Number: 59-3155626 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:

SMILEY, EUGENE I SMILEY, EUGENE I 601 BILL FRANCE BLVD 905 E MLK DR

APT 403 SUITE 220

DAYTONA BEACH, FL 32120 US TARPON SPRINGS, FL 34689 US

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: EUGENE SMILEY 03/22/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

SMILEY, EUGENE I SMILEY, EUGENE I Name: Name: 601 BILL FRANCE BLVD APT 403 PO BOX 794 Address:

Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: TARPON SPRINGS, FL 34688

VΡ Title: VΡ Title: () Delete (X) Change () Addition Name: ALLENA, SMILEY Name: ALAYNA, SMILEY

PO BOX 10582 PO BOX 794 Address: Address:

DAYTONA BEACH, FL 32120 TARPON SPRINGS, FL 34688 City-St-Zip: City-St-Zip:

() Delete Title: Title: S/T S/T (X) Change () Addition ALLENA, SMILEY ALAYNA, SMILEY Name: Name:

PO BOX 10582 PO BOX 794 Address: Address:

City-St-Zip: DAYTONA BEACH, FL 32120 City-St-Zip: TARPON SPRINGS, FL 34688

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.

Ρ SIGNATURE: EUGENE SMILEY 03/22/2009