

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000027484

FILED
Apr 23, 2009
Secretary of State

Entity Name: NEUGENESIS FINANCIAL SERVICES CORPORATION

Current Principal Place of Business:

106 SE 11TH STREET
GAINESVILLE, FL 32641

New Principal Place of Business:

901 NW 8TH AVE
B6-A
GAINESVILLE, FL 326015011

Current Mailing Address:

P.O. BOX 1174
GAINESVILLE, FL 326021174

New Mailing Address:

FEI Number: 26-2599150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRAWFORD, OLIVIA L
106 SE 11TH STREET
GAINESVILLE, FL 32641 US

Name and Address of New Registered Agent:

CRAWFORD, OLIVIA L
901 NW 8TH AVE
B6-A
GAINESVILLE, FL 326015011 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: OLIVIA L CRAWFORD

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CRAWFORD, OLIVIA L
Address: P.O. BOX 1174
City-St-Zip: GAINESVILLE, FL 326021174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: OLIVIA L CRAWFORD

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date