


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000086464		
1. Entity Name GENETHERA, INC.		

Principal Place of Business 3930 YOUNGFIELD ST WHEAT RIDGE, CO 80033	Mailing Address 3930 YOUNGFIELD ST WHEAT RIDGE, CO 80033
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DO NOT WRITE IN THIS SPACE

FILED  
05 APR 25 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0622463	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BARNES, BRIAN 22296 CALIBRE COURT 1508 BOCA RATON, FL 33433
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DO NOT WRITE  
IN THIS SPACE

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 <i>Brian Barnes</i>	DATE <i>04/18/05</i>

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MILICI, TONY 3930 YOUNGFIELD ST WHEAT RIDGE, CO 80033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAO IRIZARRY, TANNYA L 3930 YOUNGFIELD ST WHEAT RIDGE, CO 80033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAGA, THOMAS J 1600 PIERCE STREET LAKEWOOD, CO 80214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MILICI, TONY 11880 ANTLER TRAIL LITTLETON, CO 80127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANS, RICHARD W JR 1177 GRANT STREET SUITE 308 DENVER, CO 80203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/10/05--01040--002 \*\*150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	
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SIGNATURE: <i>James A. Jones</i> CAO	DATE: <i>04/18/05</i> 303/463-6371 x204
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #