


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90838 023 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P96000063962</b>                |  |
| 1. Entity Name<br><b>GINESIS LEASING INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>141 NW 20 ST<br/>H-1<br/>BOCA RATON, FL 33431 US</b> | Mailing Address<br><b>141 NW 20 ST<br/>H-1<br/>BOCA RATON, FL 33431 US</b> |
|--|--|

|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>4131 SOUTHSIDE BLVD</b> | 3. Mailing Address<br><b>4131 SOUTHSIDE BLVD</b> |
| Suite, Apt. #, etc.<br><b>107</b>  | Suite, Apt. #, etc.<br><b>107</b>                |

|  |   |
|--|---|
| City & State<br><b>JACKSONVILLE FL</b> | City & State<br><b>JACKSONVILLE, FL</b> |
| Zip<br><b>32216</b>                    | Zip<br><b>32216</b>                     |
| Country<br><b>DUVAL</b>                | Country<br><b>DUVAL</b>                 |



04262007 Chg-P CR2E034 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0688003</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>STRICKLAND, BIRGIT<br/>141 NW 20 ST<br/>STE H-1<br/>BOCA RATON, FL 33431</b> |  |
|--|--|

|   |  |
|---|--|
| 7. Name and Address of New Registered Agent<br>Name <b>(SAME)</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4131 SOUTHSIDE BLVD #107</b><br>City <b>JACKSONVILLE</b> FL Zip Code <b>32216</b>   |  |
| 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.<br>SIGNATURE <u><i>Birgit Strickland</i></u> DATE <u>4/26/07</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>P<br/>STRICKLAND, BIRGIT<br/>2255 LINDELL BLVD #4409<br/>DELRAY BEACH, FL 33444</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>S<br/>BERG, OYVIND<br/>2255 LINDELL BLVD #3303<br/>DELRAY BEACH, FL 33444</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

|   |  |
|---|--|
| 12. I hereby certify that the information supplied with this filing 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.<br>SIGNATURE: <u><i>Birgit Strickland</i></u> DATE <u>4/26/07</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |  |
|---|--|