


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90181 035 ***150.00

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| DOCUMENT # P96000063962 |  |
| 1. Entity Name GINESIS LEASING INC. | |

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| Principal Place of Business 4131 SOUTHSIDE BLVD 107 JACKSONVILLE, FL 32216 US | Mailing Address 4131 SOUTHSIDE BLVD 107 JACKSONVILLE, FL 32216 US |
|---|---|

60033340



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| 2. Principal Place of Business - No P.O. Box # 1181 S ROGERS CIRCLE Suite, Apt. #, etc. 22 | 3. Mailing Address 1181 S ROGERS CIRCLE Suite, Apt. #, etc. 22 |
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04252008 Chg-P CR2E034 (12/06)

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| City & State BOCA RATON, FL | City & State BOCA RATON, FL |
| Zip 33487 | Zip 33487 |
| Country PALM BEACH | Country PALM BEACH |

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| 4. FEI Number 65-0688003 | Applied For <input type="checkbox"/> 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 STRICKLAND, BIRGIT 4131 SOUTHSIDE BLVD 107 JACKSONVILLE, FL 32216 | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 1181 S ROGERS CIRCLE #22 City BOCA RATON FL Zip Code 33487 |
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| 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>Birgit Strickland</i> DATE 4/25/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P STRICKLAND, BIRGIT 2255 LINDELL BLVD #4409 DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S BERG, OYVIND 2255 LINDELL BLVD #3303 DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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. SIGNATURE: <i>Birgit Strickland</i> DATE 4/25/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Daytime Phone #</small> |
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