


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000041457  
 1. Entity Name  
 GENEU, INC.



Principal Place of Business      Mailing Address  
 606 BALD EAGLE DR., STE. 500      606 BALD EAGLE DR., STE. 500  
 MARCO ISLAND, FL 34145      MARCO ISLAND, FL 34145

**DO NOT WRITE IN THIS SPACE**



01042005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3528315      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 WOODWARD, CRAIG R ESQ.  
 606 BALD EAGLE DR., STE. 500  
 P.O. BOX 1  
 MARCO ISLAND, FL 34145

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WOODWARD, CRAIG R
STREET ADDRESS	606 BALD EAGLE DR., STE. 500
CITY - ST - ZIP	MARCO ISLAND, FL 34145
TITLE	D
NAME	GEEHR, GERDA
STREET ADDRESS	143 WILLOW ST.
CITY - ST - ZIP	ACTION, MA 01720
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

400000259457  
 03/11/05-80025-008 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gerda Guehr      GERDA GEEHR      2/26/05      239-394-5161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #