## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCU 1. Entity Nan GENESIS		80		Se	cretary or state
Principal Place 13145 SW 1 MIAMI, FL 3		Mailing Address 13145 SW 104 TER MIAMI, FL 33186		e employee electrical in the small (see ) white	Anist (5)(1-52)(1-1655) (6(1) Philos: 11-165)
				02112005 No Chg-P	CR2E034 (10/03)
Ĺ	OO NOT WRITE	IN THIS SPAC	CE	4. FEI Number 65-0872235  5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional
- CC	6. Name and Address of Current Re	Istered Agent		COMMINICATE OF STATUS DESIRED	Fee Required
	BRIAN VAN / 104TH TERRACE . 33186		or construction of the con	DO NOT WI	* · · · · · · · · · · · · · · · · · · ·
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent algorature required when reinstating)  DATE					
FILE NOWILL FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				OO May Be od to Fees	
10.	OFFICERS AND DIF	RECTORS		A STATE OF THE STA	Service Services
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOWER, BRIAN VAN 13145 SW 104TH TERRACE MIAMI, FL 33188		200		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PHILLIPS, SKIP 28942 WELSOME VIEW ESCONDIDO, CA 92026			-03/28/05 -03/28/05	278446 80027-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TISHERMAN, DAVID 504 6TH STREET MANHATTAN BEACH, CA 90266			DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		and a supplementary of the contraction of the contr		IN THIS SP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			to the control of		And the second special second second second
12. I hereby certify that the information surplied with this filling 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 expowered.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARY OF FIGURE OF DIRECTOR LISTED AND TYPED OR PRINTED NAME OF SIGNARY OF DIRECTOR LISTED AND TYPED OR PRINTED NAME OF SIGNARY OF SIGNARY OF DIRECTOR LISTED AND TYPED OR PRINTED NAME OF SIGNARY OF SIG					