2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000091238

2292 COWPEN CREEK RD

ATMORE, AL 36502

Address: City-St-Zip: FILED Jun 29, 2005 Secretary of State

| Entity Nai | me: GENESI | S RECOVERY | CORP. | | | | | |
|---|---|---------------------|-------------------|---|---|--|------|--|
| Current Principal Place of Business: | | | | New Princ | New Principal Place of Business: | | | |
| 9625 FOW PENSACC | /LEE AVE DLA, FL 3253 | 4 | | 9625 FOW PENSACO | | | | |
| Current Mailing Address: | | | | New Maili | New Mailing Address: | | | |
| P.O. BOX PENSACC | 7153 DLA, FL 3253 | 4 | | | | | | |
| FEI Number | : 59-3542401 | FEI Number A | pplied For() | FEI Number Not Appl | icable () | Certificate of Status Desired () | | |
| Name and Address of Current Registered Agent: | | | | Name and | Name and Address of New Registered Agent: | | | |
| The above | NCY AVE. /, FL 32909 | US submits this sta | atement for the p | urpose of changing i | ts registe | red office or registered agent, or bo | oth, | |
| SIGNATU | | | | | | | | |
| Electronic Signature of Registered Agent | | | | nt | Date | | | |
| Election Car | | ng Trust Fund Cor | | t receive the prior notic | | GES TO OFFICERS AND DIRECT | ORS: | |
| Title: Name: Address: City-St-Zip: | P (EDGAR, WILL 2610 QUINCY PALM BAY, FI | AVE. | | Title: Name: Address: City-St-Zip: | | ()Change ()Addition | | |
| Title: Name: Address: City-St-Zip: | V (DAVIS EDGAF 9625-A FOWL PENSACOLA, | ÉR AVE | | Title: Name: Address: City-St-Zip: | 9625 FO | (X) Change()Addition MICHAEL D WLER AVE OLA, FL 32534 | | |
| Title: Name: | T (EDGAR, BILL |) Delete Y J SR | | Title: Name: | | () Change () Addition | | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MICHAEL EDGAR ٧ 06/29/2005