2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000062556

TRULUCK, DARLENE M

DUNEDIN, FL 34698

1327 DINNERBELL LANE

Name: Address:

City-St-Zip:

Entity Name: GEOMASTERS, INC

FILED Jan 11, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3301 DESOTO BLVD SUITE B PALM HARBOR, FL 34683 **New Mailing Address: Current Mailing Address:** 3301 DESOTO BLVD SUITE B PALM HARBOR, FL 34683 FEI Number: 59-3590934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RODNITE, ANDREW J JR.ESQ. RODNITE, ANDREW J JR.ESQ. REESER, RODNITE AND ZDRAVKO PA REESER, RODNITE, OUTTEN & ZDRAVKO, PA 3411 PALM HARBOŔ BOULEVARD, SUITE Á 248 ALT. 19 PALM HARBOR, FL 34683 US PALM HARBOR, FL 34683 US 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. SIGNATURE: 01/11/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SHIMP, GEORGE A II Name: Name: 810 WAI LANI RD Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: Title: DS () Delete Title: () Change () Addition Name: SHIMP, HEIDI R Name: 810 WAI LANI RD Address: Address: PALM HARBOR, FL 34683 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition TRULUCK, BERNARD R Name: Name: 1327 DINNERBELL LANE Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: DP () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: DARLENE TRULUCK DP 01/11/2007