

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000083797

1. Entity Name  
GENEXT RESEARCH, INC.



Principal Place of Business  
519 CLEVELAND STREET SUITE 101  
CLEARWATER, FL 33755

Mailing Address  
519 CLEVELAND STREET SUITE 101  
CLEARWATER, FL 33755



01202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 76-0760721	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LYONS, GARY W  
311 SOUTH MISSOURI AVE  
CLEARWATER, FL 33756

**DO NOT WRITE  
IN THIS SPACE**

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 signature required when reinstating)

DATE

00000444200

03/06/06-80045-021 150.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANTOSHECHKIN, ANATOLY MDPHD 519 CLEVELAND STREET SUITE 101 CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ANTOSHECHKIN, IGOR PHD 519 CLEVELAND STREET SUITE 101 CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JOHANSON, HAIKAN 519 CLEVELAND STREET SUITE 101 CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06  
Date

Daytime Phone # \_\_\_\_\_