

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90037 043 ***558.75

DOCUMENT # F05000006071

1. Entity Name
GENETT GROUP, INC



40126408

Principal Place of Business
**76 MAMARONECK AVENUE, SUITE 9
WHITE PLAINS, NY 10601**

Mailing Address
**76 MAMARONECK AVENUE, SUITE 9
WHITE PLAINS, NY 10601**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite 15

Suite, Apt. #, etc.

Suite 15

City & State

City & State

Zip

Country

Zip

Country

07162007

Chg-P

CR2E034 (12/06)

4. FEI Number
13-3970178

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LALONE, CHIP
801 NO. FLORIDA AVENUE, SUITE 521
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Chip Lalone

CHIP LALONE, MGR

7/19/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when "On-Site")

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BASSO, SHIRLEY	
STREET ADDRESS	319 FERNDAL BLVD	
CITY- ST- ZIP	ISLIP, NY 11751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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:

SHIRLEY BASSO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/07

DATE

914 761-3070

DAYTIME PHONE #