


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB -1 AM 10: 59

DOCUMENT # P04000083797 1. Entity Name GENEXT RESEARCH, INC.	
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Principal Place of Business 519 CLEVELAND STREET SUITE 101 CLEARWATER, FL 33755	Mailing Address 519 CLEVELAND STREET SUITE 101 CLEARWATER, FL 33755
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2. Principal Place of Business - No P.O. Box # 2180 CALUMET STREET Suite, Apt. #, etc.	3. Mailing Address 2180 CALUMET STREET Suite, Apt. #, etc.
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01102008 Chg-P CR2E034 (12/06)

City & State CLEARWATER, FL	City & State CLEARWATER, FL	4. FEI Number 76-0760721	Applied For <input type="checkbox"/> Not Applicable
Zip 33765	Country	Zip 33765	Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent LYONS, GARY W 311 SOUTH MISSOURI AVE CLEARWATER, FL 33756	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP ANTOSHECHKIN, ANATOLY MDPHD	<input type="checkbox"/> Delete	TITLE	2180 CALUMET STREET	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	519 CLEVELAND STREET SUITE 101		STREET ADDRESS	CLEARWATER, FL 33765	
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP		
TITLE	DV ANTOSHECHKIN, IGOR PHD	<input type="checkbox"/> Delete	TITLE	2180 CALUMET STREET	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	519 CLEVELAND STREET SUITE 101		STREET ADDRESS	CLEARWATER, FL 33765	
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP		
TITLE	DST JOHANSON, HAKAN	<input type="checkbox"/> Delete	TITLE	2180 CALUMET STREET	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	519 CLEVELAND STREET SUITE 101		STREET ADDRESS	CLEARWATER, FL 33765	
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	500117641025	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	02/11/08--01005--020 **1327.50	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

B 2/4/08

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: _____ Date: 1/20/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR