

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000105621

1. Entity Name
GETGEN GROUP, INC.



Principal Place of Business
1648 TAYLOR RD
UNIT 352
PORT ORANGE, FL 32128 US

Mailing Address
1648 TAYLOR RD
UNIT 352
PORT ORANGE, FL 32128 US

FILED
Aug 14, 2008 08:00 AM
Secretary of State



08112008 No Chg-P CR2E034 (11/05)

4. FEI Number 47-0958298	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GETGEN, RUANNE
1648 TAYLOR RD
UNIT 352
PORT ORANGE, FL 32128

**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

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10.

OFFICERS AND DIRECTORS

TITLE	D
NAME	GETGEN, RUANNE
STREET ADDRESS	1648 TAYLOR RD, UNIT 352
CITY-ST-ZIP	PORT ORANGE, FL 32128

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-11-08 (727) 257-8235

Date

Daytime Phone #