2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000048670

1. Entity Name
GIANNET CONSULTING SERVICES, INC.

Principal Place of Business	Mailing Address
5302 LIME ST.	5302 LIME ST.
NEW PORT RICHEY, FL 34652	NEW PORT RICHEY, FL 34652

DO NOT WRITE IN THIS SPACE

01052007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3578642	Not Applicable

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

6. Name and Address of Current Registered Agent

GIANNET, STANLEY M PHD
5302 LIME STREET
NEW PORT RICHEY, FL 34652

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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 _____   DATE 1/5/07

Signature, type or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS

TITLE	PTS
NAME	GIANNET, STANLEY M
STREET ADDRESS	5302 LIME STREET
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652

TITLE	SVD
NAME	GIANNET, DINA
STREET ADDRESS	5302 LIME STREET
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/07-80008-023 150.00

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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 1/5/07   Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR