

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90078 021 ***150.00

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DOCUMENT # F04000000911 1. Entity Name G2I, INC.					
Principal Place of Business 3069 MCCALL DRIVE, STE. 7 ATLANTA, GA 30340			Mailing Address 3069 MCCALL DRIVE, STE. 7 ATLANTA, GA 30340		
2. Principal Place of Business 3715 NORTHCREST RD. <small>Suite, Apt. #, etc.</small> SUITE 23		3. Mailing Address 3715 NORTHCREST RD. <small>Suite, Apt. #, etc.</small> SUITE 23		07282005 Chg-P CR2E034 (10/03)	
<small>City & State</small> ATLANTA, GA		<small>City & State</small> ATLANTA, GA		4. FEI Number 76-0088678	
<small>Zip</small> 30340		<small>Country</small> 		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINNICKY, ADAM 6453 ENGRAM ROAD NEW SMYRNA BEACH, FL 32169 <div style="text-align: center;">2</div>				7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing <small>Trust Fund Contribution.</small> <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	CP <input type="checkbox"/> Delete POT, DOMINIQUE 6 ALLEE DE LA PIECE ROUGE SAINT-GENIS LAVAL FRANCE, 69230		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	VC <input type="checkbox"/> Delete BUCHON, PHILIPPE 3 ALLEE DE VALMERISES TASSIN-LA-DEMI-LONE FRANCE, 69160		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	VP <input checked="" type="checkbox"/> Delete GILLET, MARIE-CHRISTIN 1 PLACE DES QUATRE VIERGES STE-FOY-LES LYON FRA, 69110		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition EDOUARD PHELIPPEAU 43 BD-GARIBALDI TARARE, FRANCE 69170	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	S <input checked="" type="checkbox"/> Delete BOUVIER, JEAN CHRISTOPH LE VILLAGE SAINT-RESTITUT FRANCE, 26130		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	 <input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	ASSISTANT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CAMILLE BLANCO 230 BERWICK DRIVE NE ATLANTA, GA 30328	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	 <input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			<div style="text-align: right;"> 08/04/05 770 455 7072 <small>Date</small> <small>Daytime Phone #</small> </div>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					