


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000003708 1. Entity Name GGMB, INC.	
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Principal Place of Business 1125 GAYLEY AVENUE LOS ANGELES, CA 90024	Mailing Address 1125 GAYLEY AVENUE LOS ANGELES, CA 90024
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DO NOT WRITE IN THIS SPACE



07192005 No Chg-P CR2E034 (10/03)

4. FBI Number 95-2472675	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TRCA, MICHELLE G. 2455 E. SUNRISE BLVD., SUITE 209 FT. LAUDERDALE, FL 33304
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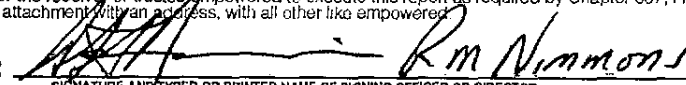
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERTSON, HUGH DUFF 1125 GAYLEY AVENUE LOS ANGELES, CA 90024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NIMMONS, ROBERT M 1125 GAYLEY AVENUE LOS ANGELES, CA 90024
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>000000374310 07/25/05-80003-022 150.00</p> DO NOT WRITE IN THIS SPACE
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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:  7-19-05 310-824-5599 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>