## • 2005 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P00000071074 1. Entity Name

## **FILED** Jan 26, 2005 08:00 AM Secretary of State

GENERAL TECHNOLOGY GROUP, INC.							
Principal Place of Business Mailing Address  10652 MULRANY GLEN COURT 10652 MULRANY GLEN COURT JACKSONVILLE, FL 32256  ACKSONVILLE, FL 32256					(11)) <b>46</b> 1)) <b>46</b> 1) <b>46</b> 1) <b>46</b> 1)	Kalii    Heed       His asiii    Ka	
DO NOT WRITE IN THIS SPACE  5. Name and Address of Current Registered Agent				01112005 4. FEI Number 59-3660	No Chg-P	CR2E034 (10/d	Applied For Not Applicable Additional
		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, typod or printed name of registeriou agent and title if applicable. (NOTE: Registered Agent signature required when rollnstating)  DATE							
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				.00 May Be led to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PSTD SANGWAN, NEERA 10652 MULRANY GLEN COURT JACKSONVILLE, FL 32256	ECTORS			U0000 01/27/03	10198245 5-80044-008	158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<del></del>		<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		•· — · :
TITLE NAME STREET ADDRESS CITY-ST-ZIP				—IN T	THIS SF		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						<u>च्याच्याच्य</u> ा	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated	certify that the information supplied with this on this report or supplemental report is true	s filing does not qualify for the exe e and accurate and that my signa	mption stated in Seture shall have the	ection 119.07(3)(i) same legal effect	), Florida Statutes. as if made under	I further certify that loath, that I am an of	the information ficer or director

of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oate

(904)363-3992