


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90052 006 \*\*\*150.00

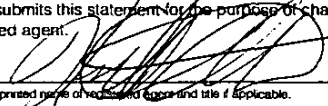
<b>DOCUMENT # P02000107826</b>		
1. Entity Name <b>G3 WORLDWIDE, INC.</b>		

Principal Place of Business <b>383 THATCH PALM DRIVE BOCA RATON, FL 33432 US</b>	Mailing Address <b>P.O. BOX 590836 FORT LAUDERDALE, FL 33359</b>
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2. Principal Place of Business <b>2870 NE 22<sup>ND</sup> CT</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

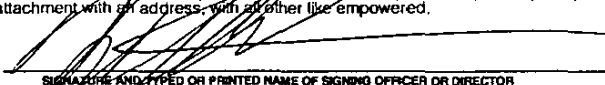
City & State <b>POMPANO BEACH FL</b>	City & State
Zip <b>33062</b>	Country <b>Broward</b>

6. Name and Address of Current Registered Agent <b>GROUT, KEITH A PRES 383 THATCH PALM DRIVE BOCA RATON, FL 33432</b>		7. Name and Address of New Registered Agent Name <b>GROUT, KEITH</b> Street Address (P.O. Box Number is Not Applicable) <b>2870 NE 22<sup>ND</sup> CT</b> City <b>POMPANO BEACH</b> FL Zip Code <b>33062</b>	
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JORDAN, MARIA L 2946 WILLOW BAY TERRACE CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GROUT, MARIA L. 2870 NE 22<sup>ND</sup> CT POMPANO BEACH FL 33062</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GROUT, KEITH A 383 THATCH PALM DRIVE BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>GROUT, KEITH A 2870 NE 22<sup>ND</sup> CT POMPANO BEACH FL 33062</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 another like empowered.	
SIGNATURE: 	DATE