


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90043 046 \*\*\*150.00

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

Principal Place of Business <b>2870 NE 22ND CT POMPAN0 BEACH, FL 33062 US</b>	Mailing Address <b>2870 NE 22ND CT POMPAN0 BEACH, FL 33062 US</b>
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2. Principal Place of Business <b>1166 W. Newport Center Drive</b>	3. Mailing Address <b>1166 W. Newport Center Dr.</b>
Suite, Apt. #, etc. <b>Suite 309</b>	Suite, Apt. #, etc. <b>Suite 309</b>
City & State <b>Deerfield Beach, FL</b>	City & State <b>Deerfield Beach, FL</b>
Zip <b>33442</b>	Country <b>US</b>

40006753



01232006 Chg-P CR2E034 (11/05)

4. FEI Number <b>06-1650840</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>GROUT, KEITH 2870 NE 22 CT POMPAN0 BEACH, FL 33062</b>	7. Name and Address of New Registered Agent Name <b>Keith Grout</b> Street Address (P.O. Box Number is Not Acceptable) <b>1166 W Newport Center Dr #309</b> City <b>Deerfield Beach</b> <b>FL</b> Zip Code <b>33442</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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 2870 NE 22ND CT POMPAN0 BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GROUT, KEITH A 2870 NE 22ND CT POMPAN0 BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 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:** Keith Grout   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/06 954-608-6162  
Date Daytime Phone #