



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000071452</b> 1. Entity Name <b>G TECHNOLOGIES, INC</b>					
Principal Place of Business <b>380 N. WICKHAM ROAD SUITE C MELBOURNE, FL 32934 US</b>			Mailing Address <b>2700 GRANT STREET MELBOURNE, FL 32901 US</b>		
2. Principal Place of Business <b>4135 PINE TREE BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>2114 GREYFIELD ST NE</b> Suite, Apt. #, etc.			
City & State <b>Cocoa - Florida</b>		City & State <b>PALM BAY FL</b>		4. FEI Number <b>20-1098263</b>	
Zip <b>32926</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MULLER, DICK 1127 S. PATRICK DRIVE SUITE #3 SATELLITE BEACH, FL 32937</b>				7. Name and Address of New Registered Agent Name <b>HIKAM O. GRANDOIT</b> Street Address (P.O. Box Number is Not Acceptable) <b>4690 LIPS COMB ST NE SUITE 6F</b> City <b>PALM BAY</b> <b>FL</b> Zip Code <b>32905</b>	
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 <u><i>Hiham O. Grandoit</i></u> DATE <u>8/22/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LAKEMAN, GARFIELD 2700 GRANT STREET MELBOURNE, FL 32904</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P. VP. T.S. DIRECTOR 2114 GREYFIELD ST NE PALM BAY FL 32907</b> <input checked="" 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	
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 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: <u><i>Garfield Lakeman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>8/22/05</u> Daytime Phone # <u>2508-4024</u>		