2907 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 A Secretary of State DOCUMENT # P98000097380 1. Entity Name G-GANG, INC. Principal Place of Business Mailing Address 500 N. OLEANDER AVF. 500 N. OLEANDER AVE. DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 04172007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3549753 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GEORGE, NICHOLAS A DO NOT WRITE 500 N. OLEANDER AVE. DAYTONA BEACH, FL 32118 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, lyned or printed name of registered agent and little it applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GEORGE, NICOLE A NAME STREET ADDRESS 500 N OLEANDER AVE DAYTONA BEACH, FL 32118 TITLE U00000741886 05/15/07-80046-013 150.00 NAME GEORGE, GABRIELLE A STREET ADDRESS 500 NORTH OLEANDER AVE CITY-ST-7(P DAYTONA BEACH, FL 32118 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY+ST-7IP TITLE NAME STREET ADDRESS

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 it 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 all address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07