


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90118 026 ***150.00

DOCUMENT # F96000006905
 1. Entity Name
 I.C. GALT WERKES, INC.



Principal Place of Business Mailing Address
 680 MISSION ST., #18 E 680 MISSION ST., #18 E
 SAN FRANCISCO, CA 94105 US SAN FRANCISCO, CA 94105 US

2. Principal Place of Business 3. Mailing Address
 2626 Peachtree Rd NW 2626 Peachtree Rd NW
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 1405 # 1405

City & State City & State
 Atlanta GA Atlanta GA

Zip Country Zip Country
 30305 USA 30305 USA

07012004 Chg-P CR2E034 (10/03)
 4. FEI Number Applied For
 62-1439150 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, STEVE	NAME	2626 Peachtree Rd NW,
STREET ADDRESS	680 MISSION ST., APT 18-E	STREET ADDRESS	#1405, ATLANTA GA 30305
CITY-ST-ZIP	SAN FRANCISCO, CA 94105	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, MARILYN	NAME	2626 Peachtree Rd NW
STREET ADDRESS	680 MISSION ST., APT 18-E	STREET ADDRESS	#1405, ATLANTA GA 30305
CITY-ST-ZIP	SAN FRANCISCO, CA 94105	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Marilyn Freeman, Sec Date: 7-1-04 Daytime Phone #: 404 869-4710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARILYN FREEMAN