

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000041775

Entity Name: G4G INTERACTIVE, INC.

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

3072 S. OAKLAND FOREST DR.
#405
OAKLAND PARK, FL 33309

New Principal Place of Business:

Current Mailing Address:

3072 S. OAKLAND FOREST DR.
#405
OAKLAND PARK, FL 33309

New Mailing Address:

FEI Number: 65-1003129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, DAWN
3072 S. OAKLAND FOREST DR. #405
OAKLAND PARK, FL 33309

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: OP () Delete
Name: MITCHELL, DAWN
Address: 3072 S. OAKLAND FOREST DR. #405
City-St-Zip: OAKLAND PARK, FL 33309

Title: OP () Delete
Name: MITCHELL, KYLE
Address: 3072 S. OAKLAND FOREST DR. #405
City-St-Zip: OAKLAND PARK, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN MITCHELL

OP

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date