


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90362 018 ***150.00

DOCUMENT # L43547

1. Entity Name
PHOENIX A.G. INTERNATIONAL CORP.



Principal Place of Business
**2644 NORTHEAST 32ND ST.
 UNIT 3
 FORT LAUDERDALE, FL 33306 US**

Mailing Address
**C/O CLIFF BOWDITCH
 6 APPALOOSA DRIVE
 KANATA, ONTARIO, CA K2M-1N6**

50041333



2. Principal Place of Business
824 N.W. 7TH ST.

3. Mailing Address
 Suite, Apt. #, etc.

04132005 Chg-P CR2E034 (10/03)

City & State
BOCA RATON, FL.

City & State

Zip
33486

Country

4. FEI Number
59-3073799

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOWDITCH, C F
 2641 NORTHEAST 32ND ST. UNIT 3
 FORT LAUDERDALE, FL 33306**

7. Name and Address of New Registered Agent

Name
CLIFF BOWDITCH

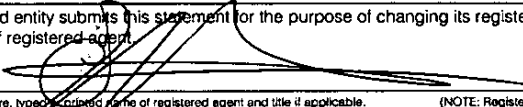
Street Address (P.O. Box Number is Not Acceptable)
824 N.W. 7TH ST.

City
BOCA RATON

State
FL

Zip Code
33486

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: **APR 13/05**

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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BOWDITCH, CLIFF	6 APPALOOSA DRIVE	KANATA, ONTARIO, CA K2M-1N6	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE: **APR 13/05** DAYTIME PHONE #: **613-991-0229**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR