


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90251 045 ***150.00

DOCUMENT # L43547

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



Principal Place of Business
 824 NW 7TH ST
 BOCA RATON, FL 33486 US

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

2. Principal Place of Business
 3101 PORT ROYAL BLVD.

3. Mailing Address

Suite, Apt. #, etc.
 1012

Suite, Apt. #, etc.

City & State
 FT. LAUDERDALE, FL

City & State


Zip
 33308

Country
 USA

Zip

Country

40039230



03072006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

BOWDITCH, C F
 824 NW 7TH ST
 BOCA RATON, FL 33486

4. FEI Number
 59-3073799

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

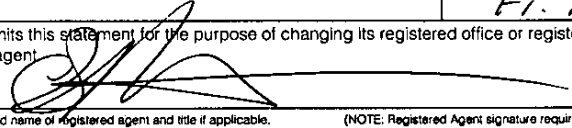
Name
 C.F. BOWDITCH

Street Address (P.O. Box Number is Not Acceptable)
 3101 PORT ROYAL BLVD.

SUITE 1012

City
 FT. LAUDERDALE FL Zip Code
 33308

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: MARCH 7/06

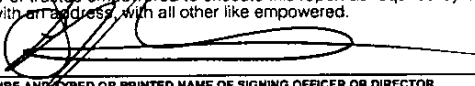
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	BOWDITCH, CLIFF 6 APPALOOSA DRIVE KANATA, ONTARIO, CA K2M-1N6	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	
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 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 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: MARCH 7/06 613-991-0229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR