

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90151 002 ***150.00

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1. Entity Name
 AGP '92 CORP

Principal Place of Business
 C/O PETER LAWRENCE COMM RE
 4710 EISENHOWER BLVD
 TAMPA, FL 33634

Mailing Address
 C/O PETER LAWRENCE COMM RE
 4710 EISENHOWER BLVD
 TAMPA, FL 33634

50012249



2. Principal Place of Business

3. Mailing Address

03132006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

~~59-3135096~~ 59-3155096

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABRAMS, ALLAN
 4710 EISENHOWER BLVD
 STE C1
 TAMPA, FL 33634

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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 DC Delete
 NAME ABRAMS, ALLAN
 STREET ADDRESS 4710 EISENHOWER BLVD, STE C-1
 CITY-ST-ZIP TAMPA, FL 33634

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VC Delete
 NAME SHAPIRO, JAMES J.
 STREET ADDRESS 4710 EISENHOWER BLVD. C-1
 CITY-ST-ZIP TAMPA, FL 33634

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DT Delete
 NAME ABRAMS, ELAINE
 STREET ADDRESS 4710 EISENHOWER BLVD, STE C-1
 CITY-ST-ZIP TAMPA, FL 33634

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S Delete
 NAME LLEWELLYN, ROBERTA
 STREET ADDRESS 4710 EISENHOWER BLVD, STE C-1
 CITY-ST-ZIP TAMPA, FL 33634

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE P Delete
 NAME HOOVER, KRISTOPHER M
 STREET ADDRESS 4710 EISENHOWER BLVD STE C-1
 CITY-ST-ZIP TAMPA, FL 33634

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: _____

Kristopher Hoover
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 President

3/16/06

Date

813-889-8855

Daytime Phone #