

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

APPROVED
AND
FILED

06 JUL 11 PM 12: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]

05/16/06 80033 002 \$150.00



04242006 No Chg-P CR2E034 (11/05)

DOCUMENT # F02000000476	
1. Entity Name AGORA PUBLISHING, INC.	



Principal Place of Business 14 WEST MOUNT VERNON PLACE BALTIMORE, MD 21201	Mailing Address 14 WEST MOUNT VERNON PLACE BALTIMORE, MD 21201
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DO NOT WRITE IN THIS SPACE

4. FEI Number 52-0953737	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOPLAS, ANN 235 NE FOURTH AVENUE DELARY BEACH, FL 33483
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**DO NOT WRITE
IN THIS SPACE**

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]* (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BONNER, WILLIAM 14 WEST MOUNT VERNON PLACE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARNHILL, GREGORY 14 WEST MOUNT VERNON DRIVE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NORIN, MYLES 14 W. MOUNT VERNON DRIVE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARNHILL, GREGORY 14 WEST MOUNT VERNON PLACE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *[Signatures]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

T/D
Document corrected per Paul Costantino. *[Signature]*
MYLES NORIN 6/19/06 910-783-8499