

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002657

Entity Name: AGMUS VENTURES, INC.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

5601 SOUTH SEMORAN BOULEVARD
55-100
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

5601 SOUTH SEMORAN BOULEVARD
55-100
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 41-2096004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A.G.C.CO.
200 S.ORANGE AVE,STE 2300
ORLANDOSSEE, FL 32801 US

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: P () Delete
Name: ZAYAS, LUIS J
Address: P.O. BOX 574998
City-St-Zip: ORLANDO, FL 328574998

Title: TD () Delete
Name: SERVICE, ALLEN
Address: 6890 WEST 52ND AVENUE, SUITE 201
City-St-Zip: ARVADA, CO 80002

Title: D () Delete
Name: HUDSON, BILL
Address: 6890 WEST 52ND AVENUE, SUITE 201
City-St-Zip: ARVADA, CO 80002

Title: S () Delete
Name: MALDONADO, ALBERTO
Address: P.O. BOX 2010
City-St-Zip: CAROLINA, PR 009842010

Title: VD () Delete
Name: KENNEDY, TOM
Address: 6890 WEST 52ND AVENUE, SUITE 201
City-St-Zip: ARVADA, CO 80002

Title: D () Delete
Name: CLARKE, FATHER DAVID
Address: 6890 WEST 52ND AVENUE, SUITE 201
City-St-Zip: ARVADA, CO 80002

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: SERVICE, ALLAN
Address: 6890 WEST 52ND AVENUE, SUITE 201
City-St-Zip: ARVADA, CO 80002

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

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

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 exemption stated 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 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: DORIE M. MENDEZ

CFO

01/14/2009

Electronic Signature of Signing Officer or Director

Date