## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F08000003574

Title:

Name:

Address: City-St-Zip: VS

(X) Delete

4800 MONTGOMERY LANE, SUITE 940

RIPLEY, THOMAS H

BETHEDA, MD 20814

Entity Name: AGORA MARKETING SOLUTIONS, INC.

FILED Jan 14, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4800 MONTGOMERY LANE 16120 US HIGHWAY 19 NORTH SUITE 940 SUITE 200 BETHEDA, MD 20814 CLEARWATER, FL 33764 **Current Mailing Address: New Mailing Address:** 16120 US HIGHWAY 19 NORTH 4800 MONTGOMERY LANE SUITE 200 SUITE 940 BETHEDA, MD 20814 CLEARWATER, FL 33764 FEI Number: 26-3170017 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: INCORPORATING SERVICES, LTD. 1540 GLENWAY DRIVE TALLAHASSEE, FL 32301 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CHRM ( ) Delete Title: () Change () Addition BERGER, LAWRENCE S Name: Name: 4800 MONTGOMERY LANE, SUITE 940 Address: Address: City-St-Zip: BETHEDA, MD 20814 City-St-Zip: Title: Title: ( ) Delete (X) Change ( ) Addition Name: BERGER, LAWRENCE S Name: RIPLEY, THOMAS H 4800 MONTGOMERY LANE, SUITE 940 4800 MONTGOMERY LANE, SUITE 940 Address: Address: BETHEDA, MD 20814 BETHEDA, MD 20814 City-St-Zip: 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS H. RIPLEY P 01/14/2009

() Change () Addition