## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # F99000002136**

1. Entity Name AGG HOLDING CORP.



Principal Place of Business

645 PARK OF COMMERCE WAY BOCA RATON, FL 33487

Mailing Address

645 PARK OF COMMERCE WAY BOCA RATON, FL 33487

## FILED Apr 28, 2006 8:00 am Secretary of State

04-28-2006 90208 039 \*\*\*150.00

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 $\Box$ 

CR2E034 (11/05)

4. FEI Number 65-0828139

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARTNEY, KEVIN P 645 PARK OF COMMERCE WAY BOCA RATON, FL 33487

# 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, 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		<ol><li>Election Campaign Financ Trust Fund Contribution.</li></ol>	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANDING, LARS 645 PARK OF COMMERCE WAY BOCA RATON, FL 33487				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JAMES B 645 PARK OF COMMERCE WAY BOCA RATON, FL 33487				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARTNEY, KEVIN P 645 PARK OF COMMERCE WAY BOCA RATON, FL 33487		-	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAILSFORD, MARVIN B 645 PARK OF COMMERCE WAY BOCA RATON, FL 33487			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TNEY (

561-989-282

Daytime Phone #