2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 10, 2008 8:00 am Secretary of State DOCUMENT # F99000002136 04-10-2008 90025 005 ***150.00 1. Entity Name AGG HOLDING CORP. Principal Place of Business Mailing Address 400034 645 PARK OF COMMERCE WAY 645 PARK OF COMMERCE WAY BOCA RATON, FL 33487 BOCA RATON, FL 33487 No Chg-P CR2E034 (11/05) 03202008 Applied For 4. FEI Number 65-0828139 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARTNEY, KEVIN P DO NOT WRITE 645 PARK OF COMMERCE WAY BOCA RATON, FL 33487 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE BLANDING, LARS NAME 645 PARK OF COMMERCE WAY STREET ADDRESS CITY+ST-ZIP BOCA RATON, FL 33487 D TITLE NAME DAVIS, JAMES B STREET ADDRESS 645 PARK OF COMMERCE WAY CITY-ST-ZIP BOCA RATON, FL 33487 TITLE S HARTNEY, KEVIN P NAME STREET ADDRESS 645 PARK OF COMMERCE WAY DO NOT WRI BOCA RATON, FL 33487 CITY-ST-ZIP IN THIS SPAC TITLE BRAILSFORD, MARVIN B NAME 645 PARK OF COMMERCE WAY STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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

FILED