

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90251 045 ***150.00

DOCUMENT # L43547

1. Entity Name
PHOENIX A.G. INTERNATIONAL CORP.



Principal Place of Business
824 NW 7TH ST
BOCA RATON, FL 33486 US

Mailing Address
C/O CLIFF BOWDITCH
6 APPALOOSA DRIVE
KANATA, ONTARIO, CA K2M-1N6

40039230



2. Principal Place of Business
3101 PORT ROYAL BLVD.
Suite, Apt. #, etc.
1012

3. Mailing Address
Suite, Apt. #, etc.

03072006 Chg-P CR2E034 (11/05)

City & State
FT. LAUDERDALE, FL
Zip
33308 Country
USA

City & State
Zip Country

4. FEI Number
59-3073799
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BOWDITCH, C F
824 NW 7TH ST
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent
Name
C.F. BOWDITCH
Street Address (P.O. Box Number is Not Acceptable)
3101 PORT ROYAL BLVD.
SUITE 1012
City
FT. LAUDERDALE FL Zip Code
33308

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 DATE MARCH 7/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOWDITCH, CLIFF		NAME		
STREET ADDRESS	6 APPALOOSA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	KANATA, ONTARIO, CA K2M-1N6		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: DATE MARCH 7/06 613-991-0229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #