


FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90363 041 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N98000002640 1. Entity Name AGAMA PATH, INC.					
Principal Place of Business 255 NE 6TH AVE DELRAY BEACH, FL 33483			Mailing Address 255 NE 6TH AVE DELRAY BEACH, FL 33483		
2. Principal Place of Business 1105 N. FEDERAL HWY		3. Mailing Address 1105 N. FEDERAL HWY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BOYNTON BEACH, FL		City & State BOYNTON BEACH, FL		4. FEI Number NOT APPLICABLE	
Zip 33435		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINTZER, WILLIAM R 255 NE 6TH AVE ARLWAY BEACH, FL 33421			7. Name and Address of New Registered Agent Name WINTZER, WILLIAM R Street Address (P.O. Box Number is Not Acceptable) 1105 N FEDERAL HWY City BOYNTON BEACH FL Zip Code 33435		
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 <u><i>William R. Wintzer</i></u> WILLIAM R. WINTZER <u>3/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME WORRELL, THOMAS E JR STREET ADDRESS 255 NE 6TH AVE CITY-ST-ZIP DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete		TITLE D NAME WORRELL, THOMAS E. JR STREET ADDRESS 1105 N. FEDERAL HWY CITY-ST-ZIP BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP NAME GOODYEAR, KIMBERLY STREET ADDRESS 255 NE 6TH AVE CITY-ST-ZIP DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete		TITLE DP NAME GOODYEAR, KIMBERLY STREET ADDRESS 125 LA POSTA RD CITY-ST-ZIP TAOS, NM 87571	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AT NAME WINTZER, WILLIAM R STREET ADDRESS 255 NE 6TH AVE CITY-ST-ZIP DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete		TITLE AT NAME WINTZER, WILLIAM R. STREET ADDRESS 1105 N. FEDERAL HWY CITY-ST-ZIP BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME BECKER, LAURA STREET ADDRESS 125 LA POSTA RD. CITY-ST-ZIP TAOS, NM 87571	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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: <u><i>William R. Wintzer</i></u> WILLIAM R. WINTZER			<u>3/28/06</u> (561) 572-2177		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		