2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# P01000098208

Entity Name: AGM PUBLISHING, INC.

Current Principal Place of Business:

3049 COLDWELL DRIVE
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

3049 COLDWELL DRIVE
HOLIDAY, FL 34691

New Mailing Address:

FEI Number: 04-6973966 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MASTEN, MYRTLE E
3049 COLDWELL DRIVE
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

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:

Title:	PD	( ) Delete
Name:	MESSINA, ALFRED G	
Address:	3049 COLDWELL DRIVE	
City-St-Zip:	HOLIDAY, FL 34691	
Title:	VD	( ) Delete
Name:	SOLDANO, EDWARD L	
Address:	150 WM FLOYD PKWY	
City-St-Zip:	SHIRLEY, NY 11967	
Title:	TD	( ) Delete
Name:	MASTEN, MYRTLE E	
Address:	3049 COLDWELL DRIVE	
City-St-Zip:	HOLIDAY, FL 34691	
Title:	S	( ) Delete
Name:	GINN, DARREN	
Address:	136 PEACHTREE MEMORIAL DR	
City-St-Zip:	ATLANTA, GA 30309	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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.

SIGNATURE: ALFRED G. MESSINA PD 04/23/2009
Electronic Signature of Signing Officer or Director — Date