


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000029741

1. Entity Name
 AGC SQUARED, INC.



Principal Place of Business
 718 NE 2ND AVENUE
 FT LAUDERDALE, FL 33304

Mailing Address
 718 NE 2ND AVENUE
 FT LAUDERDALE, FL 33304

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03082006 No Chg-P CR2E034 (11/05)

4. FEI Number
 41-2032264 Applied For Not Applied

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

6. Name and Address of Current Registered Agent

TUCKER, WILLIAM D ESQ
 718 NE 2ND AVE.
 FT LAUDERDALE, FL 33304

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MCGUINNESS, LAWERENCE J 718 NE 2ND AVENUE FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TUCKER, WILLIAM D 718 NE 2ND AVE. FT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TUCKER, WILLIAM D 718 NE 2ND AVE. FT LAUDERDALE, FL 33304
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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: William A. Tucker 3/14/2006 453-4570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone