

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90071 045 ***150.00

DOCUMENT # P03000069783 1. Entity Name AGORA DEVELOPMENT GROUP INC.					
Principal Place of Business 5250 S. US HIGHWAY 17-92 CASSELBERRY, FL 32707			Mailing Address 5250 S. US HIGHWAY 17-92 CASSELBERRY, FL 32707		
2. Principal Place of Business 124 Park Ave		3. Mailing Address 124 Park Ave			
Suite, Apt. #, etc. #		Suite, Apt. #, etc. 			
City & State Casselberry FL		City & State Casselberry FL			
Zip 32707		Country 		Zip 32707	
Country 		4. FEI Number 59-2408661			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent FREEMAN, DANIEL C JR. 5250 S. US HIGHWAY 17-92 CASSELBERRY, FL 32707			7. Name and Address of New Registered Agent Name Albert M. Clark Street Address (P.O. Box Number Not Acceptable) 124 Park Ave Casselberry FL 32707 City FL Zip Code		
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: April 8, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, SCOTT A 124 PARK AVENUE CASSELBERRY, FL 32707	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVOIE, RONALD E 124 PARK AVENUE CASSELBERRY, FL 32707	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CLARK, AL M 124 CLARK AVE CASSELBERRY, FL 32707	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kirstin Puno 329 Brilliant Summit Circle Henderson NV 89052	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 information empowered.					
SIGNATURE: Albert Clark 4/8/05 407-629-5595 x 228 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					