FOR PROFIT CORPORATION

FILED
May 05, 2006 8:00 am
Secretary of State

FORM BUSINESS REPORT (UBR	Secretary of Stat
	05.05.2006.001.97.044.***1.50.06

 UNIFORM BUSINESS REPORT (UBR) 					Secretary of State	
DOCUMENT # P03000070317				05-05-2006 90187 044 ***150.00		
1. Entity Name	, , , , , , , , , , , , , , , , , , , ,	V . I				
1. Enally Name						
AGNAT, INC.						
7.010.11, 1110.					· · · · · ·	
DO 1	AT 14/017					
I DO N	IOT WRIT	E IN THIS	SP#	NCE		
	_				51	019007
2. Principal Place of	Business	3. Mailing Add	ress	······································		
		2410 Deltona Bl				
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE	
·		· •				
City & State			City & State		4. FEI Number Applied For	
SPRING HILL, FL		Spring Hill			59-3662684	Not Applicable
Zip	Country	Zip	(Country	F 0. "5	□ \$8.75 Additional
34606	1	34606		,	5. Certificate of Status Desired	Fee Required
				7 Nam	ne and Address of Current Regis	· · · · · · · · · · · · · · · · · · ·
Į Š				Name	no and reduitor of Cartoni Rogic	torou / tgont
*	SO NOT	VD:TE		MICHAEL KEE	FN	
; [DO NOT V	VRHE		Street Address (P.O. Box Number is Not Acceptable)		
!	N TIUO O			2410 DELTON		ρωσιογ
ļ	N THIS S	PACE				
	d_{ϵ}					
}				City	El	Zip Code
				SPRING HILL	FL.	34606
8. The above name	d entity submits this	statement for the p	urpese of	changing its regis	stered office or registered agent, or	both, in the
State of Florida. I	am familiar with a	nd accept the obliga	tions of re	gistered agent.		
SIGNATURE X	/////	Rolla.	MINEL VE	EN, PRESIDEN	ı T	13/1/06
	um hand ar adalad sam					
January 1	- May 1 Fee is \$15	e of registered agent and	ине и арриса	ole. (NOTE: Regist	tered Agent signature required when reinstatir	ng) DATE
	- May 1 Fee IS \$13 lay 1, Fee is \$550.0				9. Election Campaign Financing	¢s 00 May Do
Antein	ided UBR is \$61.2	20			Trust Fund Contribution.	\$5.00 May Be Added to Fees
Make Check Payabl	la to Florida Dana:	tment of State			Trust rand Contribution.	_ Added to rees
10.		AND DIRECTORS	11			
TITLE	P/D	7117D DIRECTORO		FITLE		
NAME	MICHAEL KEEN			NAME		
STREET ADDRESS	2410 DELTONA	BLVD.		STREET ADDRESS	s	
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CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	°	
	the information suppl	ed with this filing door			stated in Section 119.07(3)(i), Florida S	tatutas I firether
certify that the infor	nation indicated on the	is report or supplemen	ntal report in	true and accurate	and that my signature shall have the sa	idiules, i iulililei
as if made under on	ith: that I am an office	r or director of the con	noration or t	he receiver or to or	and that my signature shall have the sa tee empowered to execute this report as	and legal effect
Chanter 607 Florid	a Statutes and that m	v name annears in Ri	porauori or i ock 10 or or	an attachment with	h an address, with all other like empow	s required by pared
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SIGNATURE: //	own	MICHAE	L KEEN		X5/1/06 (3	352) 684-1020
RICH	ATURE AND TYPED	AD DOINTED NAME	OF CICKIN	C OFFICER OR D	IDECTOR Date 2	