2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006
Secretary of State

DOCUMENT# P05000004250

Entity Name: AG INNOVATIONS INC.

Current Principal Place of Business:

2240 SHOMA DRIVE
WEST PALM BEACH, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

2240 SHOMA DRIVE
WEST PALM BEACH, FL 33414 US

New Mailing Address:

FEI Number: 20-2128963 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIANG, MEIHUEI
2240 SHOMA DRIVE
WEST PALM BEACH, FL 33414 US

Name and Address of New Registered Agent:

GALINDO, ALVINO
2240 SHOMA DRIVE
WEST PALM BEACH, FL 33414 US

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: ALVINO GALINSO 03/16/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GALINDO, ALVINO
Address: 2240 SHOMA DRIVE
City-St-Zip: WEST PALM BEACH, FL 33414 US

Title: VP (X) Delete
Name: KIANG, MEIHUEI
Address: 2240 SHOMA DRIVE
City-St-Zip: WEST PALM BEACH, FL 33414 US

Title: S (X) Delete
Name: KIANG, MEIHUEI
Address: 2240 SHOMA DRIVE
City-St-Zip: WEST PALM BEACH, FL 33414 US

Title: S (X) Delete
Name: KIANG, MEIHUEI
Address: 2240 SHOMA DRIVE
City-St-Zip: WEST PALM BEACH, FL 33414 US

Title: V (X) Delete
Name: ARGANDONA, MARKO H
Address: 2240 SHOMA DR.
City-St-Zip: WEST PALM BEACH, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: GALINDO, ALVINO
Address: 2240 SHOMA DRIVE
City-St-Zip: WEST PALM BEACH, FL 33414 US

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 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: ALVINO GALINDO DPS 03/16/2006
Electronic Signature of Signing Officer or Director Date