

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90131 038 ***150.00

DOCUMENT # P05000036434 1. Entity Name AGSL INVESTMENTS, INC.					
Principal Place of Business 13809 BOROS STREET ORLANDO, FL 32837			Mailing Address 13809 BOROS STREET ORLANDO, FL 32837		
2. Principal Place of Business 7069 NOBLETON DR <small>Suite, Apt. #, etc.</small>		3. Mailing Address 7069 NOBLETON DR <small>Suite, Apt. #, etc.</small>			
City & State WINDERMERE FL Zip 34786 Country		City & State WINDERMERE FL Zip 34786 Country		4. FEI Number 70-7462477 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03142006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent LEE, SAMPSON 13809 BOROS STREET ORLANDO, FL 32837					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7069 NOBLETON DR City WINDERMERE FL Zip 34786				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: <i>Sampson Lee</i> SAMPSON LEE 3/11/06 <small>Signature, typewritten printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <input type="checkbox"/> Delete NAME LEE, SAMPSON STREET ADDRESS 13809 BOROS STREET CITY-ST-ZIP ORLANDO, FL 32837			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 7069 NOBLETON DR STREET ADDRESS WINDERMERE, FL 34786 CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Sampson Lee</i> SAMPSON LEE 3/11/06 407-595-5417 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					