

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000116470

1. Entity Name
AGB ASSOCIATES, INC.



**FILED
Apr 13, 2006 8:00 am
Secretary of State**

04-13-2006 90308 032 ***150.00

Principal Place of Business
4670 LINKS VILLAGE DRIVE
UNIT B 204
PONCE INLET, FL 32127 US

Mailing Address
4670 LINKS VILLAGE DRIVE
UNIT B 204
PONCE INLET, FL 32127 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02252006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3356255 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PREJS, GREG
4670 LINKS VILLAGE DRIVE
UNIT B 204
PONCE INLET, FL 32127

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

GREG PREJS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/10/2006

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT
NAME PREJS, GREG
STREET ADDRESS 4670 LINKS VILLAGE DRIVE, UNIT B 204
CITY-ST-ZIP PONCE INLET, FL 32127

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE S
NAME PREJS, BARBARA
STREET ADDRESS 4670 LINKS VILLAGE DRIVE, UNIT B 204
CITY-ST-ZIP PONCE INLET, FL 32127

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

GREG PREJS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/2006 386)7675402

Date

Daytime Phone