

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000116470

Entity Name: AGB ASSOCIATES, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

64 CALUMET AVE.
PONCE INLET, FL 32127 US

New Mailing Address:

64 CALUMET AVE.
PONCE INLET, FL 32127 US

FEI Number: 20-3356255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PREJS, GREG
64 CALUMET AVE.
PONCE INLET, FL 32127 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: GREG PREJS

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: PREJS, GREG
Address: 4670 LINKS VILLAGE DRIVE, UNIT B 204
City-St-Zip: PONCE INLET, FL 32127 US

Title: S () Delete
Name: PREJS, BARBARA
Address: 4670 LINKS VILLAGE DRIVE, UNIT B 204
City-St-Zip: PONCE INLET, FL 32127 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: PREJS, GREG
Address: 64 CALUMET AVE.
City-St-Zip: PONCE INLET, FL 32127 US

Title: S (X) Change () Addition
Name: PREJS, BARBARA
Address: 64 CALUMET AVE.
City-St-Zip: PONCE INLET, FL 32127 US

I hereby certify that the information supplied with this filing does not qualify 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: GREG PREJS

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date