




FILED  
Mar 14, 2007 8:00 am  
Secretary of State

03-14-2007 90025 010 \*\*\*158.75

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P06000138165					
1. Entity Name AGMB INC.					
Principal Place of Business 920 PITTS AVE PANAMA CITY, FL 32404 US		Mailing Address 920 PITTS AVE PANAMA CITY, FL 32404 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5812094	
Zip	Country	Zip	Country	Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OSTERAAS, ROLF G 920 PITTS AVE PANAMA CITY, FL 32404				Name Douglas L. Smith, Esquire Street Address (P.O. Box Number is Not Acceptable) 220 McKenzie Avenue City Panama City FL 32401	
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  Douglas L. Smith				3/12/07 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OSTERAAS, ROLF G		NAME		
STREET ADDRESS	920 PITTS AVE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32404		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: BY:  ROLF OSTERAAS PRESIDENT 12 MAR 07 850-890-0684					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					