


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P24456 1. Entity Name THE AGL FOUNDATION, INC.	
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Principal Place of Business MARTINIQUE-2, E. TOWER #1102 4000 N. OCEAN DRIVE SINGER ISLAND, FL 33404	Mailing Address MARTINIQUE-2, E. TOWER #1102 4000 N. OCEAN DRIVE SINGER ISLAND, FL 33404
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02012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0098771	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS LUTHER, ADELYN L. 4000 N OCN DR,E TWR 1102 SINGER ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUTHER, ADELYN L. 4000 N OCN DR,E TWR 1102 SINGER ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GORDON, RICHARD E 1550 LAKESHORE WHITEFISH, MT 59937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PASTOR, PATTI E 75 WOODSBAY POINT RD. BIGFORK, MT 59911
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000229276 02/14/05-80074-007 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2/3/05 <small>Date</small>	3857-48 <small>Daytime Phone #</small>
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561-863-5912