


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90042 010 ***150.00

DOCUMENT # P37571
 1. Entity Name
 A.G.I.A., INC.



Principal Place of Business
 1155 EUGENIA PLACE
 CARPINTERIA, CA 93013

Mailing Address
 1155 EUGENIA PLACE
 CARPINTERIA, CA 93013

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

40096141



04302007 Chg-P CR2E034 (12/06)

4. FEI Number
 95-2409500

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CROCKET, LAURISTON LEE
 7104 FLORIDANA AVENUE
 FLORIDANA BEACH, FL 32951

DECEASED 3/2007

7. Name and Address of New Registered Agent

Name
 NRAC Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
 2731 EXECUTIVE PARK DRIVE
 Suite 4

City Weston FL Zip Code 33331

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WIGLE, JOHN B	
STREET ADDRESS	4188 FOOTHILL ROAD	
CITY-ST-ZIP	CARPINTERIA, CA 93013	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PUCHMELTER, THOMAS JOHN	
STREET ADDRESS	7620 VIA DEL PLACITO DRIVE	
CITY-ST-ZIP	PHOENIX, AZ 85020	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAPRITTO, JULIETTE L.	
STREET ADDRESS	1914 COYOTE CIRCLE	
CITY-ST-ZIP	SANTA BARBARA, CA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCCARTY, DAVID H	
STREET ADDRESS	14676 77TH PL N	
CITY-ST-ZIP	MAPLE GROVE, MN 55311	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARD-VASQUEZ, PATRICIA M	
STREET ADDRESS	1990 SO. HILL ROAD	
CITY-ST-ZIP	VENTURA, CA 93003	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *[Signature]* DATE: 4-27-07 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR