2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2005 08:00 AM Secretary of State

DOCUMENT # P99000029717 1. Entity Name AGORA USA, INC.			Secretary of State			
Principal Place of Business 3604 CASEY KEY ROAD NOKOMIS, FL 34275	Mailing Address 3604 CASEY KEY ROAD NOKOMIS, FL 34275					
The state of the s	The state of the s					
			02232005	No Chg-P Ci	R2E034 (10/0	03)
DO NOT WRITE IN THIS SPA		UE .	4. FEI Numbe 65-0907		-	Applied For Not Applicable
			5. Certificate	of Status Desired	\$8.75 Fee Regi	Additional uired
6. Name and Address of Current F	legistered Agent	I		Commence Commence of the Comme	7	
GREGORIA, RIC ESQ. WILLIAMS PARKER HARRISON DIETZ 8 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236 8. The above named entity submits this statement for the obligations of registered agent.		ed office or register	IN T	NOT WRI	CE	ith, and accept
SIGNATURE Signature, typed or printed name of registered agent a	od tipe if applicable (NOTE: Registere	ed Agent signature require	d when reinstating)	14 A A 1	DATE	
FILE NOWIN FEE IS \$150.00 After May 1, 2005 Fee will be \$550.0	9. Election Campaign Final Trust Fund Contribution.		.00 May Be led to Fees	U0000026 03/16/05-80	55329 0053-001	150.00
10. OFFICERS AND I	PIRECTORS]		्राप्तिक क्षित्र क्षेत्र सम्बद्ध ित क्षेत्र हो।	. 1 a	1 175 4 7
ITLE P				•		-
WAME SALIE, ROBERT						
STREET ADDRESS 3604 CASEY KEY ROAD		ł				
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DTLE		I	•			
NAME	 · · ·	1				

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12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). 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:

CITY-ST-ZIP
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NAME
STREET ADDRESS

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/ 3/14/05

Daytime Phone &