## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 08:00 AM Secretary of State

PROCESSES (1904)  BOO NOT WRITE IN THIS SPACE  O3312006 No Chg-P CR2E034 (11/05)  Fig. 1904 Fig. 1905 No Chg-P CR2E034 (11/05)  Fig. 1906 No Chg-P CR2E034 (11/05)  Fig. 1	DOCUI 1. Entity Name AGORA L		17		Secretary of State
DO NOT WRITE IN THIS SPACE  4. FEI Number 55-0907869	3604 CASEY	KEY ROAD	3604 CASEY KEY ROAD	-	
DO NOT WRITE IN THIS SPACE  4. FEI Number 65-0907889   Nan Applied For 1940 - 65-0907889   National Park Park Park Park Park Park Park Park					
5. Name and Address of Current Registered Agent  5. Name and Address of Current Registered Agent  GREGORIA, RIC ESO.  WILLIAMS PARKER HARRISON DIETZ & GETZEN  200 SOUTH ORANGE AVENUE  8. The above and errity submits his statement for the purpose of changing to registered agent, or buth, in the State of Ponde   fam femiliar with, and acceptate of registered agent.  8. The above and errity submits his statement for the purpose of changing to registered agent, or buth, in the State of Ponde   fam femiliar with, and acceptate of registered agent.  8. The above and errity submits his statement for the purpose of changing to registered agent, or buth, in the State of Ponde   fam femiliar with, and acceptate of registered agent.  8. The above and errity submits his statement for the purpose of changing to registered agent, or buth, in the State of Ponde   fam femiliar with, and acceptate of registered agent, or buth, in the State of Ponde   fam femiliar with, and acceptate of registered agent, or buth, in the State of Ponde   fam femiliar with, and acceptate of registered agent, or buth, in the State of Ponde   fam femiliar with, and acceptate of Ponde   familiar with acceptate of Ponde	_			-	03312006 No Chg-P CR2E034 (11/05)
S. Name and Address of Current Registered Apent  GREGORIA, RIC ESO. WILLIAMS PARKER HARRISON DIETZ & GETZEN 20 SOUTH ORANGE AVENUE SARASOTA, FL 34238  S. In 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 femiliar with, and acceptable of registered agent.  S. In 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 femiliar with, and acceptable of registered agent.  S. In 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 femiliar with, and acceptable of registered agent.  S. In 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 femiliar with, and acceptable of the purpose of registered agent.  S. In a state of Florida agent, or both, in the State of Florida. I am femiliar with, and acceptable of Florida agent, or both, in the State of Florida. I am femiliar with, and acceptable of Florida agent, or both, in the State of Florida. I am femiliar with, and acceptable of Florida agent, or both, in the State of Florida. I am femiliar with, and acceptable of Florida agent, or both, in the State of Florida agent, or both, in the Stat	Đ	O NOT WRITE I	N THIS SPA	CE	4. FEI FEITHER
CREGORIA, RIC ESO. WILLIAMS PARKER HARRISON DIETZ & GETZEN 20 SOUTH FOR NOSE AVENUE SARASOTA, FL 34238  8. The above named eritiv submits this statement for the purpose of changing its replistered office or registered agent, or both, in the State of Floride. I am familiar with, and acceptate of the obligations of registered agent, or both, in the State of Floride. I am familiar with, and acceptate of the obligations of registered agent.  SIGNATURE	- <del></del> -				
THE NOWIR FEE IS \$150.00  ARTOR May 1, 2006 Fee will be \$550.00  OFFICERS AND DIRECTORS  TOLE  NOME  STREET NOWIRS  STREET NOWINS  THE P  STREET NOWINS  THE NOWIN	WILLIAMS 200 SOUT	A, RIC ESQ. PARKER HARRISON DIETZ & G H ORANGE AVENUE		-	***
10. OFFICERS AND DIRECTORS  THE SALIE, ROBERT  SHERT ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE	the obligat SIGNATURE_	Signature, types or printed name of registered agent and interest to the state of t	e d applicable. (NOTE. Ragiste  9. Election Campaign Fin	rad Agent signature requirer anding \$5	id when reidslasing) DATE 5.00 May Be
SALIE, ROBERT STREET ADDRESS SITY-ST-ZIP NOKOMIS, FL 34275 NOKOMIS				). L A60	oed to rees
TITLE  TI	NAME STREET ADDRESS	SALIE, ROBERT 3604 CASEY KEY ROAD	र अन् । अन्	<del>-</del>	
NAME SIREET ADDRESS CITY-ST-ZIP  TITLE IN THIS SPACE  SIREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certily that the information supplied with this filling 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 accurrate and that my signature shall have the same legal effect as if made under oath, lisat i am an officer or direct of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 19 or Block 11	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOTAL MILE, TE OFFICE			000000555141 05/16/06-80919-021 150.00
STREET ADDRESS CITY-ST-TIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 1. Itereby 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 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.	NAME STREET ADDRESS				DO NOT WRITE
TITLE  NAME  STREET ADDRESS  DITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certily 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 suppliermental 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 direct 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.	NAME STREET ADDRESS				•
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SIGNATURE: A / Caden 1) Dala VI/27/08			a filing does not qualify for the e e and accurate and that my signed to execute this report as required to the execute this report as required to the rike empowered.	exemptions containe rature shall have the pured by Chapter 60	ed in Chapter 119, Florida Statutes, I further certify that the information as same legal effect as it made under oath, final i am an officer or direct off. Florida Statutes; and that my name appears in Block 10 or Block 11