

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37571

Entity Name: A.G.I.A., INC.

FILED
Apr 12, 2005
Secretary of State

Current Principal Place of Business:

1155 EUGENIA PLACE
CARPINTERIA, CA 93013

New Principal Place of Business:

Current Mailing Address:

1155 EUGENIA PLACE
CARPINTERIA, CA 93013

New Mailing Address:

FEI Number: 95-2409500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WIGLE, JOHN B
Address: 4188 FOOTHILL ROAD
City-St-Zip: CARPINTERIA, CA 93013

Title: VP () Delete
Name: PUCHMELTER, THOMAS J, OHN
Address: 7620 VIA DEL PLACITO DRIVE
City-St-Zip: PHOENIX, AZ 85020

Title: TD () Delete
Name: CAPRITTO, JULIETTE L, .
Address: 1914 COYOTE CIRCLE
City-St-Zip: SANTA BARBARA, CA

Title: VD () Delete
Name: MCCARTY, DAVID H
Address: 14676 77TH PL N
City-St-Zip: MAPLE GROVE, MN 55311

Title: S () Delete
Name: CARO-VASQUEZ, PATRICIA M
Address: 1990 SO. HILL ROAD
City-St-Zip: VENTURA, CA 93003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MCCARTY, DAVID H
Address: 14676 77TH PL N
City-St-Zip: MAPLE GROVE, MN 55311

Title: S (X) Change () Addition
Name: CARD-VASQUEZ, PATRICIA M
Address: 1990 SO. HILL ROAD
City-St-Zip: VENTURA, CA 93003

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN BYRON WIGLE

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04/12/2005

Electronic Signature of Signing Officer or Director

_____ Date