


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06000011178</b> 1. Entity Name <b>MAGIC SOUP, INC.</b>	
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Principal Place of Business <b>3390 MARY STREET SUITE 200 COCONUT GROVE FL 33133</b>	Mailing Address <b>3390 MARY STREET SUITE 200 COCONUT GROVE FL 33133</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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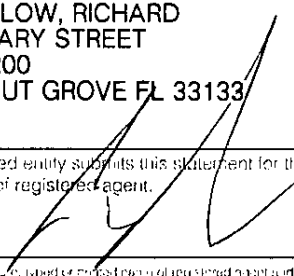
1st MOORE      CR2E037 (10/07)

City & State  Zip      Country	City & State  Zip      Country	4. FEI Number <b>41-2119159</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	Applied For <input type="checkbox"/> Not Applicable
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<b>6. Name and Address of Current Registered Agent</b>  <b>SWERDLOW, RICHARD 3390 MARY STREET SUITE 200 COCONUT GROVE FL 33133</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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:       DATE: **4/14/08**

Signature typed or printed from a not registered agent and not a corporation      (NOTE: Registered Agent signs in the role of which he is acting)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P SWERDLOW, RICHARD	<input type="checkbox"/>
NAME	3390 MARY STREET, SUITE 200	
STREET ADDRESS	COCONUT GROVE FL 33133	
CITY-ST-ZIP		
TITLE	VP SWERDLOW, JILL	<input type="checkbox"/>
NAME	3390 MARY STREET, SUITE 200	
STREET ADDRESS	COCONUT GROVE FL 33133	
CITY-ST-ZIP		
TITLE	VP MENEZES, JOHN	<input type="checkbox"/>
NAME	3390 MARY STREET, SUITE 200	
STREET ADDRESS	COCONUT GROVE FL 33133	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

U00000946462  
05/30/08-80051-006 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:       DATE: **4/14/08**      **305-231-5000**