


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 A
Secretary of State

DOCUMENT # P01000061964
 1. Entity Name
MAGAZINE PUBLISHERS OF FLORIDA, INC.



Principal Place of Business
12788 W. FOREST HILL BLVD., #1003
WELLINGTON, FL 33414

Mailing Address
12788 W. FOREST HILL BLVD., #1003
WELLINGTON, FL 33414

DO NOT WRITE IN THIS SPACE



02132007 No Chg-P CR2E034 (11/05)

4. FEI Number 46-0477907	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MORRIS, ROBERT R ESQ.
685 ROYAL PALM BCH BLVD., SUITE 205
ROYAL PALM BCH, FL 33411

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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: *Barry Manning* 2/14/07
Signature, typed or printed name of registered agent and title if applicable (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 NAME STREET ADDRESS CITY - ST - ZIP	P MANNING, BARRY 1004 ISLAND MANOR DR. WEST PALM BEACH, FL 33413
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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: *Barry Manning* 2/14/07 561-795-7606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #