

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 12, 2005
Secretary of State**

DOCUMENT# P03000097189

Entity Name: MAGIC STIX, INC.

Current Principal Place of Business:

10503 SAN JOSE BLVD.
SUITE 19
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

10503 SAN JOSE BLVD
SUITE 19
JACKSONVILLE, FL 32257 US

New Mailing Address:

FEI Number: 03-0527140 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICECOMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REXFORD, CHRISTOPHER
Address: 3355 CLAIRE LANE, #1516
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: V (X) Delete
Name: HORNSTEIN, RICHARD
Address: 3395 MARBON MEADOWS LANE
City-St-Zip: JACKSONVILLE, FL 32223 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SARKISIAN, ERVAND
Address: 3728 BUFFALO LAND COURT
City-St-Zip: JACKSONVILLE, FL 32257 US

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

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: ERVAND SARKISIAN

P

05/12/2005

Electronic Signature of Signing Officer or Director

Date