


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 8:00 am
Secretary of State

02-07-2008 90017 033 ***150.00

DOCUMENT # P04000015580

1. Entity Name
MGLS, INC.



Principal Place of Business Mailing Address
 1106 LUCERNE AVE 1106 LUCERNE AVE
 #6 #6
 LAKE WORTH FL 33460 LAKE WORTH FL 33460

66002759



1st MOORE CR2E034 (10/07)

2. Principal Piece of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

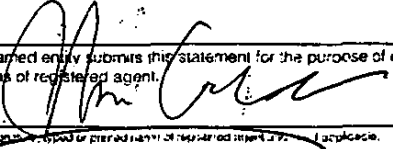
Zip Country Zip Country

4. FEI Number Applied For
56-2432924 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GENOVESE, ANTHONY
608 SEA PINE WAY, # A-2
GREEN ACRES FL 33415

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: **3-4-08**

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

NOTE: Registered Agent certificate required when necessary.

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

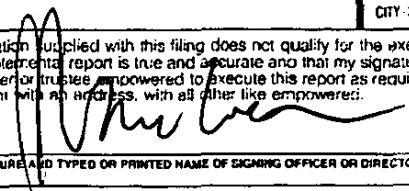
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	GENOVESE, MARIA	608 SEA PINE WAY, # A-2	GREEN ACRES FL 33415	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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:  DATE: **3-4-08**