
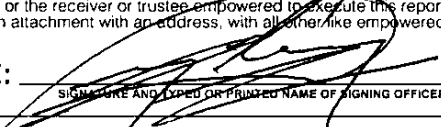


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90054 029 \*\*\*150.00

DOCUMENT # P06000116659			
1. Entity Name MAGICOLORING DESIGNER & DECORATOR INC			
Principal Place of Business 2361 SW 17 TERR MIAMI, FL 33145		Mailing Address 2361 SW 17 TERR MIAMI, FL 33145	
2. Principal Place of Business - No P.O. Box # 2411 NW 104 terr		3. Mailing Address 2411 NW 104 terr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pombrake Pines, FL		City & State Pombrake Pines, FL	
Zip 33029	Country USA	Zip 33029	Country USA
6. Name and Address of Current Registered Agent POMARES, YOHANNA 2361 SW 17 TERR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name: Pomares, Yohanna Street Address (P.O. Box Number is Not Acceptable): 2411 NW 104 terr City: Pombrake Pines FL Zip Code: 33029	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, LEDYAN 2361 SW 17 TERR MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Martinez, Ledyan 2411 NW 104 terr Pombrake Pines, FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POMARES, YOHANNA 2361 SW 17 TERR MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pomares, Yohanna 2411 NW 104 terr Pombrake Pines, FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		3/20/07 (706) 925-0371 Date Daytime Phone #	