


2007 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # P94000060543

1. Entity Name
SANIBEL MAJIK, INC.



Principal Place of Business 1200 PERIWINKL WAY STE 4 SANIBEL, FL 33957 US	Mailing Address 1200 PERIWINKLE WAY STE 4 SANIBEL, FL 33957 US
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01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0513552	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

**SCHILLING, MICHAEL L
 1200 PERIWINKLE WAY #4
 SANIBEL, FL 33957**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when registering) 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	D SCHILLING, MICHAEL L 13451-16 MCGREGOR BLVD. FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASEN, MATTHEW 1478 JONATHAN HARBOR DR FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, R. JAMES 3754 S.E. OCEAN BLVD. STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, KIPP 3754 S.E. OCEAN BLVD. STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 02/20/07-80012-002 150.00

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: *Michael Schilling* **2.3.07** **239.472.1998**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #