2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000083295

FILED Jan 03, 2007 Secretary of State

Entity Na	me: NET MAGIC, INC.	
Current P	rincipal Place of Business:	New Principal Place of Business:
	ITH 8TH ST. DINA BEACH, FL 32034 US	118 SOUTH 6TH STREET FERNANDINA BEACH, FL 32034 US
Current M	lailing Address:	New Mailing Address:
913 DILWO SAINT MA	ORTH ST RYS, GA 31558 US	
FEI Number	: 59-3340558 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
Name and	l Address of Current Registered Age	nt: Name and Address of New Registered Agent:
CASCONE 101 CENT FERNAND		REILLY, GORDON R 85150 ST. THOMAS ST YULEE, FL 32097 US
	e named entity submits this statement for e of Florida.	r the purpose of changing its registered office or registered agent, or both,
SIGNATU	RE: GORDON R. REILLY	01/03/2007
	Electronic Signature of Registere	ed Agent Date
Election Car	mpaign Financing Trust Fund Contribution ().
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () Delete LAYLAND, MICHAEL 913 DILWORTH ST. ST. MARYS, GA 31558	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VD () Delete RAWLS, STEVE 913 DILWORTH ST. ST. MARYS, GA 31558	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	SD () Delete REILLY, GORDON R 913 DILWORTH ST. ST. MARYS, GA 31558	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zin:	TD () Delete SCHOBER, RACHEL A 913 DILWORTH ST. ST MARYS GA 31558	Title: () Change () Addition Name: Address: City-St-Zin:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: RACHEL A. SCHOBER CFO 01/03/2007