

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000069163

FILED  
Mar 21, 2006  
Secretary of State

Entity Name: MAGDALENE INSURANCE GROUP, INC.

## Current Principal Place of Business:

606 E VINE STREET  
KISSIMMEE, FL 34744 US

## New Principal Place of Business:

## Current Mailing Address:

606 E VINE STREET  
KISSIMMEE, FL 34744 US

## New Mailing Address:

FEI Number: 59-3529570      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOLINA, JULIO  
99 CARMEN CT  
KISSIMMEE, FL 34743 US

## Name and Address of New Registered Agent:

ASTACIO, ERCILIO  
613 HACIENDA CIRC  
KISSIMMEE, FL 3474 US

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: ERCILIO ASTACIO

03/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ASTACIO, ERCILIO  
Address: 99 CARMEN COURT  
City-St-Zip: KISSIMMEE, FL 34743

Title: VP ( ) Delete  
Name: ASTACIO, NANCY  
Address: 99 CARMEN STREET  
City-St-Zip: KISSIMMEE, FL 34743

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ASTACIO, ERCILIO  
Address: 613 HACIENDA CIRCLE  
City-St-Zip: KISSIMMEE, FL 34741

Title: VP (X) Change ( ) Addition  
Name: ASTACIO, NANCY  
Address: 613 HACIENDA CIRCLE  
City-St-Zip: KISSIMMEE, FL 34741

Title: SEC ( ) Change (X) Addition  
Name: ASTACIO, KATIA S  
Address: 613 HACIENDA CIRCLE  
City-St-Zip: KISSIMMEE, FL 34741

Title: T ( ) Change (X) Addition  
Name: ASTACIO, KAREN  
Address: 613 HACIENDA CIRC  
City-St-Zip: KISSIMME, FL 34741

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: ERCILIO ASTACIO

P

03/21/2006

Electronic Signature of Signing Officer or Director

Date