

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000069163

FILED
Apr 28, 2011
Secretary of State

Entity Name: MAGDALENE INSURANCE GROUP, INC.

Current Principal Place of Business:

1506 W VINE STREET
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

1506 W VINE STREET
KISSIMMEE, FL 34741 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

ASTACIO, ERCILIO
613 HACIENDA CIRC
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: ASTACIO, ERCILIO
Address: 613 HACIENDA CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

Title: VP
Name: ASTACIO, NANCY
Address: 613 HACIENDA CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

Title: SEC
Name: ASTACIO, KATIA S
Address: 613 HACIENDA CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

Title: T
Name: ASTACIO, KAREN
Address: 613 HACIENDA CIRC
City-St-Zip: KISSIMME, FL 34741

I hereby 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 all other like empowered.

SIGNATURE: ERCILIO A ASTACIO

_____ Electronic Signature of Signing Officer or Director

PRES

04/28/2011

_____ Date