2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: MANHAU & Colaws MARSHALL G. ADAMS

Jan 29, 2007 08:00 AM Secretary of State DOCUMENT # 247220 1. Entity Namo MAGOO ADAMS, INC. Principal Place of Business Mailing Address 9786 LAKE GEORGIA DRIVE 9786 LAKE GEORGIA DRIVE ORLANDO FL 32817 ORLANDO FL 32817 2. Principal Place of Business - No P.O. Box # 3. Majling Address Suite, Apt. #, otc. Suite Apt. #. ctc. 1st MOORE CR2E034 (10/06) Crty & State 4. FEI Number Applied For City & State 59-0947979 Not Applicat Ziο Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARSHALL G. ADAMS 9786 LAKE GEORGIA DRIVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32817 Zip Codo 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 access the obligations of registered agent. SIGNATURE Signal-ire, typort or printed name of registered agent and title if applicable. (NOTF: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May @ After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 nnr Dcicle ☐ Change ☐ Addish IIII ADAMS, MARSHALL G NAME U000000610310 NAM 9786 LAKE GEORGIA DRIVE STREET ADDRESS STREET ADDRESS 02/02/07-80016-020 158.75 ORLANDO FL CHY SE ZIP CHY SI ZEP Delete 11111 ☐ Change A die NAME NAM STREET ADDRESS SHEET ADDRESS CITY-ST-ZIP CHY SEZIP HILF Delete ☐ Cleange Alisin NAM NAME SIRTEL ADDRESS SIDLET ADDRESS CHY-SI ZIP CITY ST 7IP ☐ Delele ШU ☐ Change □ ½ "" NAME NAME STREET LADORESS STREET ADDRESS CHY-SE ZIE CHY ST ZIP 11111 Delete T :- "" ☐ Change NAME NAM STREET ADDRESS STREET ADDRESS CHY ST AF CITY ST 71P Delete HILE ☐ Change T #1"" NAME NAME STREET ADDRESS SIRLE LADDRESS CITY SE-7IP CETY-SI ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 119, Florida Statutes 1 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 eath, that I am an officer or direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

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