
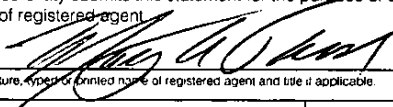
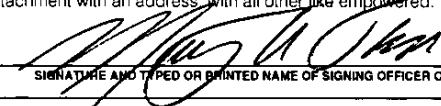


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90213 004 \*\*\*158.75

<b>DOCUMENT # 639139</b> 1. Entity Name <b>EURO-MAGNUM INCORPORATED</b>					
Principal Place of Business <b>10451 NW 33 STREET</b> <b>MIAMI, FL 33172 US</b>			Mailing Address <b>10451 NW 33 STREET</b> <b>MIAMI, FL 33172 US</b>		
2. Principal Place of Business <b>7601 SW Lost River Rd.</b>		3. Mailing Address <b>7601 SW Lost River Rd.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Stuart, Florida</b>		City & State <b>Stuart Florida</b>		4. FEI Number <b>59-2057065</b>	
Zip <b>34997</b> Country <b>USA</b>		Zip <b>34997</b> Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TABOR, MARTIN A</b> <b>10451 NW 33 STREET</b> <b>MIAMI, FL 33172</b>			7. Name and Address of New Registered Agent Name <b>Tabor, Martin A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7601 SW Lost River Road</b> City <b>Stuart</b> <b>FL</b> Zip Code <b>34997</b>		
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:  DATE: <b>4/12/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>TABOR, MARTIN A</b> <b>10451 NW 33 STREET</b> <b>MIAMI, FL 33172</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Tabor, Martin A</b> <b>7601 SW Lost River Rd.</b> <b>Stuart, Florida 34997</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date <b>4/12/06</b> Daytime Phone # <b>772 463 7400</b>		