


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 692323 1. Entity Name MAGNUM HOLDING COMPANY, INC.	
---	---

FILED

05 MAR 30 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O BROAD AND CASSEL 7777 GLADES ROAD, #300 BOCA RATON, FL 33434	Mailing Address C/O BROAD AND CASSEL 7777 GLADES ROAD, #300 BOCA RATON, FL 33434
--	--

[Handwritten mark]



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01102005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2185883	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEUTCH, JEFFREY A., ESQ. 7777 GLADES ROAD, #300 BOCA RATON, FL 33434	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMERANTZ, ALICE	NAME	
STREET ADDRESS	8600 DECARIE BLVD, STE 200	STREET ADDRESS	
CITY-ST-ZIP	TOWN OF MOUNT ROYAL, QC	CITY-ST-ZIP	
TITLE	TV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATTINGER, FRANKLIN J	NAME	
STREET ADDRESS	8600 DECARIE BLVD., STE 200	STREET ADDRESS	
CITY-ST-ZIP	TOWN OF MOUNT ROYAL, QC	CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPOSITO, RALPH JR	NAME	
STREET ADDRESS	8600 DECARIE #200	STREET ADDRESS	
CITY-ST-ZIP	MT ROYAL, QC, CANADA,	CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMERANTZ, TERRY JR	NAME	
STREET ADDRESS	8600 DECARIE #200	STREET ADDRESS	
CITY-ST-ZIP	MT ROYAL, QC, CANADA,	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMERANTZ, TERRY JR	NAME	
STREET ADDRESS	8600 DECARIE #200	STREET ADDRESS	
CITY-ST-ZIP	MT ROYAL, QC, CANADA,	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

300051615153
04/22/05--01008--003 **5000.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Terry Pomerantz Terry Pomerantz March 21st, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #