2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#834978

Entity Name: MAG PROPERTIES, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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10 PLEASANT ST.

PO BOX 468

10 PLEASANT ST.

SUITE 468

HARWICHPORT, MA 02642 US HARWICHPORT, MA 02642 US

Current Mailing Address: New Mailing Address:

C/O B. A. GROVES C/O B. A. GROVES

P O BOX 468 10 PLEASANT ST. SUITE 468
HARWICHPORT, MA 02642 US HARWICHPORT, MA 02642 US

FEI Number: 13-2828417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS () Delete Title: PTS (X) Change () Addition

Name:GROVES, BENJAMIN A.,Name:GROVES, BENJAMIN A.,Address:P O BOX 468Address:10 PLEASANT ST.

City-St-Zip: HARWICH PORT, MA 02646 City-St-Zip: HARWICH PORT, MA 02646

 $\label{eq:total_times} \mbox{Title:} \qquad \mbox{V} \qquad \mbox{() Delete} \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$

 Name:
 GERARD, PHILIPPA G
 Name:

 Address:
 109 BANK STREET
 Address:

 City-St-Zip:
 NEW YORK, NY 10014
 City-St-Zip:

Title: V () Delete Title: () Change () Addition

 Name:
 OUTERBRIDGE, AMANDA, F.T.
 Name:

 Address:
 COVER DR. FAIRYLANDS
 Address:

 City-St-Zip:
 PEMBROKE, BM HM06
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BENJAMIN A, GROVES PRES 04/30/2007