## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#834978**

Name:

Address:

City-St-Zip:

OUTERBRIDGE, AMANDA F.T.

COVER DR. FAIRYLANDS

PEMBROKE, BM HM06

FILED May 02, 2009 Secretary of State

Entity Nar	ne: MAG PRO	PERTIE	ES, INC.						
Current Principal Place of Business:					New Principal Place of Business:				
10 PLEASANT ST. SUITE 468 HARWICHPORT, MA 02642 US					10 PLEASANT ST. SUITE 468 HARWICHPORT, MA 02646 US				
Current Mailing Address:					New Mailing Address:				
C/O B. A. GROVES 10 PLEASANT ST. SUITE 468 HARWICHPORT, MA 02642 US					C/O B. A. GROVES 10 PLEASANT ST. SUITE 468 HARWICHPORT, MA 02646 US				
FEI Number:	13-2828417	FEI Nui	mber Applied For ( )	FEI Numbe	er Not Appli	cable ( )	Certific	ate of Status Desi	red ( )
Name and	Registered Agent:	Name and Address of New Registered Agent:							
1201 HAYS SUITE 105 TALLAHAS The above	SSEE, FL 3230 named entity so of Florida.	1 US	N COMPANY this statement for the pur	pose of c	changing its	s registered	d office or	registered agen	t, or both,
Electronic Signature of Registered Agent					Date				
Election Can	npaign Financing	Trust Fu	ınd Contribution ( ).						
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PTS () I GROVES, BENJA 10 PLEASANT S' HARWICH PORT	T.	646	N: Ac	itle: ame: ddress: ity-St-Zip:		() Change	( ) Addition	
Title: Name: Address: City-St-Zip:	V () I GERARD, PHILIF 109 BANK STRE NEW YORK, NY	ET		N: Ac	itle: ame: ddress: ity-St-Zip:	V GERARD, PI 161 DUANE NEW YORK	HILIPPA G STREET	( ) Addition	
Title:	V ()I	Delete		Ti	tle:		( ) Change	( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BENJAMIN A. GROVES **PRES** 05/02/2009