


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

150

DOCUMENT # F50977		
1. Entity Name MAGIC MORTGAGE CORP., INC.		
Principal Place of Business	Mailing Address	
13790 NW 4 STREET 113 SUNRISE, FL 33325	13790 NW 4 STREET 113 SUNRISE, FL 33325	
<b>DO NOT WRITE IN THIS SPACE</b>		

FILED  
06 MAY 16 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02072006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2133371	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ZEDECK, LEONARD E ESQ. 13790 NW 4 STREET 113 SUNRISE, FL 33325

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEDECK, LEONARD E 13790 NW 4 STREET SUNRISE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CODLING, EMMA LOU 13790 NW 4 STREET SUNRISE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>5/1/06</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE IN THIS SPACE**

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 an other like empowered.

**SIGNATURE:** *Leonard E Zedek* **FORWARD E ZEDECK** *5/1/06* **DATE** \_\_\_\_\_ **DAYTIME PHONE #** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR