


FL

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000004949

1. Entity Name
MAG-TEK, INC.



Principal Place of Business: 20725 S. ANNALEE AVE. CARSON, CA 90746

Mailing Address: 20725 S. ANNALEE AVE. CARSON, CA 90746

DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number: 95-2774055 Applied For: Not Applicable:

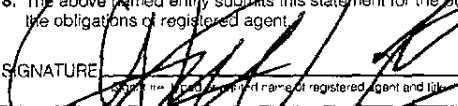
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JENSEN, DANNY VP
12260 S W 53RD STREET STE 601
FORT LAUDERDALE, FL 33330

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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: 3/8/2005

(NOTE: Registered Agent signature required when restoring)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

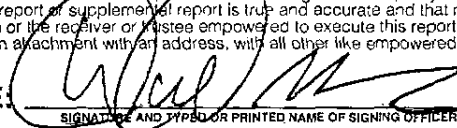
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: P	NAME: HART, ANN MARIE STREET ADDRESS: 20725 S. ANNALEE AVE. CITY-ST-ZIP: CARSON, CA 90746
TITLE: VC	NAME: STRUETT, LOU STREET ADDRESS: 20725 S. ANNALEE AVE. CITY-ST-ZIP: CARSON, CA 90746
TITLE: VP	NAME: JENSEN, DANIEL STREET ADDRESS: 20725 S. ANNALEE AVE. CITY-ST-ZIP: CARSON, CA 90746
TITLE:	NAME:
TITLE:	NAME:
TITLE:	NAME:

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03/14/05-80030-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 3/8/2005

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR