



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90094 050 \*\*\*150.00

<b>DOCUMENT # F99000000980</b> 1. Entity Name <b>FIRST MAGNUS FINANCIAL CORPORATION</b>					
Principal Place of Business <b>5285 EAST WILLIAMS CIRCLE, SUITE 2000 TUCSON, AZ 85711</b>				Mailing Address <b>5285 EAST WILLIAMS CIRCLE, SUITE 2000 TUCSON, AZ 85711</b>	
2. Principal Place of Business <b>603 North Wilmot Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>603 North Wilmot Road</b> Suite, Apt. #, etc.			
City & State <b>TUCSON, AZ</b> Zip <b>85711</b> Country <b>US</b>		City & State <b>TUCSON, AZ</b> Zip <b>85711</b> Country <b>US</b>		4. FEI Number <b>86-0830673</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAGGI, GURPREET 5285 EAST WILLIAMS CIRCLE, SUITE 2000 TUCSON, AZ 85711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jaggi, Gurpreet 603 N. Wilmot Rd. Tucson, AZ 85711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SULLIVAN, THOMAS W JR. 5285 EAST WILLIAMS CIRCLE, SUITE 2000 TUCSON, AZ 85711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sullivan, Thomas W Jr. 603 N. Wilmot Rd. Tucson, AZ 85711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, THOMAS W SR 5285 E WILLIAMS CIRCLE, SUITE 2000 TUCSON, AZ 85711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sullivan, Thomas W Sr. 603 N. Wilmot Rd. Tucson, AZ 85711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Gurpreet S. Jaggi</u> <b>Gurpreet S. Jaggi, President</b> <b>4/11/05</b> <b>520-618-9000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					