


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90013 012 \*\*\*150.00

**DOCUMENT # H52976**

1. Entity Name  
**MAGIC IMAGE, INC.**



Principal Place of Business      Mailing Address

1810 FOREST HILL BLVD.      1810 FOREST HILL BLVD.  
 WEST PALM BEACH, FL 33406      WEST PALM BEACH, FL 33406

**DO NOT WRITE IN THIS SPACE**



01232006    No Chg-P    CR2E034 (11/05)

4. FEI Number 59-2518360	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ROLLYSON, JAMES H.  
 12674 HEADWATER WAY  
 WELLINGTON, FL 33414

*#6 VIA LAGO  
 BOYNTON BEACH, FLA  
 33435*

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	WOLFF, CARLA
STREET ADDRESS	1810 FOREST HILL BLVD
CITY - ST - ZIP	WEST PALM BEACH, FL
TITLE	PD
NAME	ROLLYSON, JAMES H.
STREET ADDRESS	1810 FOREST HILL BLVD.
CITY - ST - ZIP	WEST PALM BEACH, FL
TITLE	STD
NAME	ROLLYSON, GENEVIEVE
STREET ADDRESS	1810 FOREST HILL BLVD.
CITY - ST - ZIP	WEST PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 all other like empowered.

SIGNATURE: *Genevieve Rollyson*    Genevieve Rollyson    3-4-06 561-798-0968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #