

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 30, 2007 8:00 am**  
**Secretary of State**

07-30-2007 90066 015 \*\*\*550.00



**DOCUMENT # H52976**  
 1. Entity Name  
**MAGIC IMAGE, INC.**

Principal Place of Business 1810 FOREST HILL BLVD. WEST PALM BEACH, FL 33406	Mailing Address 1810 FOREST HILL BLVD. WEST PALM BEACH, FL 33406
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**DO NOT WRITE IN THIS SPACE**



07092007 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.  
 #6 VIA LAGO  
 BOYNTON BEACH, FL 33435

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

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	

**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 all other like empowered.

**SIGNATURE:** *Genevieve Rollyson* **7-28-07** **561-964-6656**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Magic Image Inc.  
1810 Forest Hill Blvd.  
West Palm Beach, Fla.  
33406

ATTACHMENT

Div. of Corp  
P.O. Box 1500

Tallahassee, Fla.

32302-1500

60053918

# H52976

Dear Sir:

As of Jan. 1-2008 - Magic Image Inc.  
will have 3 new officers. Please send me  
~~over~~ the papers to change names. Magic Image  
name is still the same and address is same.

Thank you,  
Genevieve Pallyson