


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2006 08:00 AM
Secretary of State**

DOCUMENT # K01153 1. Entity Name MAGIC MIRRORS, INC.		
Principal Place of Business 1014 S.E. 12TH COURT CAPE CORAL, FL 33990	Mailing Address 2746 NE 2ND PL CAPE CORAL, FL 33909 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SPRAGUE, THOMAS A 2746 NE 2ND PL CAPE CORAL, FL 33909		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: <i>Thomas Sprague</i> THOMAS SPRAGUE 1/9/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDSV SPRAGUE, THOMAS A 2746 NE 2ND PL CAPE CORAL, FL 33909	
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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: <i>Thomas Sprague</i> 1/9/06 239-772-8300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01082006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2848833	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/11/06-80077-025 150.00

**DO NOT WRITE
IN THIS SPACE**