

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007109

FILED
Apr 27, 2006
Secretary of State

Entity Name: MAGIC HOOP TROOP, INC.

Current Principal Place of Business:

PO BOX 536418
ORLANDO, FL 328536418

New Principal Place of Business:

Current Mailing Address:

PO BOX 536418
ORLANDO, FL 328536418

New Mailing Address:

FEI Number: 51-0426388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN, MARTHA A ESQ
823 IRMA AVENUE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DICKERSON, SHARON
Address: 101 W WALLACE ST
City-St-Zip: ORLANDO, FL 32809

Title: VD () Delete
Name: SPARROW, BILLY L
Address: 410 TERRACE DR.
City-St-Zip: OVIEDO, FL 32765

Title: SD () Delete
Name: CLEM, LINDA
Address: 211 HOLIDAY LANE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SPARROW, BILLY L
Address: 410 TERRACE DR
City-St-Zip: OVIEDO, FL 32765

Title: SD (X) Change () Addition
Name: DICKERSON, SHARON
Address: 101 W WALLACE
City-St-Zip: ORLANDO, FL 32809

Title: SD (X) Change () Addition
Name: SPARROW, JONNE W
Address: 410 TERRACE DR
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILLY L SPARROW

PD

04/27/2006

Electronic Signature of Signing Officer or Director

Date