2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2005
Secretary of State

DOCUMENT# N03000002463

Entity Name: MAGICAL TREAT INC.

Current Principal Place of Business:

5001 E SENECA AVE
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

5001 E SENECA AVE
TAMPA, FL 33617

New Mailing Address:

FEI Number: 65-1180747 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MILLER, AFRETTE
5001 E SENECA AVE
TAMPA, FL 33617 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: D ( ) Delete
Name: MILLER, AFRETTE
Address: 5001 E SENECA AVE
City-St-Zip: TAMPA, FL 33617

Title: D ( ) Delete
Name: MILLER, RAMON
Address: 5001 E SENECA AVE
City-St-Zip: TAMPA, FL 33617

Title: D ( ) Delete
Name: SAMNUEL, ONEIL
Address: 201 SE MIAMI AVE
City-St-Zip: MIAMI, FL 33167

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BROWN, JOHN
Address: 5001 E SENECA AVE
City-St-Zip: TAMPA, FL 33167

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AFRETTE MILLER D 07/12/2005

Electronic Signature of Signing Officer or Director — Date