

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90102 030 ****61.25

DOCUMENT # N03000005181

1. Entity Name
MAAGIC, INC.



Principal Place of Business
**219 BENNETT DRIVE
WINTER SPRINGS, FL 32708**

Mailing Address
**219 BENNETT DRIVE
WINTER SPRINGS, FL 32708**

60037921



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05012006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
20-0466395

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUTCHER, STEVEN R
219 BENNETT STREET
WINTER SPRINGS, FL 32708**

Name **Mia-Love-Kern**

Street Address (P.O. Box Number is Not Acceptable)
3811 LORNE CT

City **Apopka**

FL

Zip Code
32712

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

Mia Love-Kern

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **LOVE-KERN, MIA G**
STREET ADDRESS **3811 LORNE CT.**
CITY-ST-ZIP **APOPKA, FL 32712**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **SECT**
STREET ADDRESS **BUTCHER, CYNTHIA J**
CITY-ST-ZIP **219 BENNETT STREET
WINTER SPRINGS, FL 32708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **KERN, KENNETH M**
CITY-ST-ZIP **3811 LORNE CT.
APOPKA, FL 32712**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **TREA**
STREET ADDRESS **BUTCHER, STEVEN**
CITY-ST-ZIP **219 BENNETT STREET
WINTER SPRINGS, FL 32708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

Mia Love-Kern

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-06

Date

407-830-7111

Daytime Phone #