

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2006 8:00 am
Secretary of State

04-26-2006 90179 042 ****70.00

DOCUMENT # N05000004884 1. Entity Name THE MAGICAL FACTS OF LIFE, INC.					
Principal Place of Business 5540 LAKEWOOD CIR APT C MARGATE FL 33063			Mailing Address 5540 LAKEWOOD CIR APT C MARGATE FL 33063		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 26-0113782				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GENNARO, JOSEPH 5540 LAKEWOOD CIR APT C MARGATE FL 33063			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D GE <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NNARO, JOSEPH		NAME	GENNARO, Joseph	
STREET ADDRESS	5540 LAKEWOOD CIR APT C		STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33063		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROZZELLE, CHARLES		NAME		
STREET ADDRESS	5555 N FEDERAL HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33308		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEINBERG, MARC		NAME		
STREET ADDRESS	451 SW 12 AVE		STREET ADDRESS		
CITY-ST-ZIP	POMPANO FL 33069		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, without other like empowered.					
SIGNATURE: _____			Date: 2/17/06 (954) 975-0079		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					