

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010484

Entity Name: MAGIC STEPPERS INC

FILED
May 16, 2008
Secretary of State

Current Principal Place of Business:

11149 CREEK HAVEN DR
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

11149 CREEK HAVEN DR
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 16-1681544 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:

Name and Address of New Registered Agent:

HOWARD, ANGELA B
11149 CREEK HAVEN DR
RIVERVIEW, FL 33569 US

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: P () Delete
Name: HOWARD, COREY L
Address: 11149 CREEK HAVEN DR
City-St-Zip: RIVERVIEW, FL 33569

Title: VP () Delete
Name: HOWARD, ANGELA B
Address: 11149 CREEK HAVEN DR
City-St-Zip: RIVERVIEW, FL 33569

Title: SEC. () Delete
Name: CAPERS, TERRY
Address: 2626 GLENBROOK DRIVE,
City-St-Zip: DURHAM, NC 27704

Title: TREA () Delete
Name: RATHBUN, JAYNIE
Address: 11129 CREEK HAVEN DR
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: COREY L HOWARD

P

05/16/2008

Electronic Signature of Signing Officer or Director

Date