

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000490

FILED
Apr 06, 2007
Secretary of State

Entity Name: FLORIDA MAGICIANS ASSOCIATION, INC.

Current Principal Place of Business:

C/O MARK A. WROBLEWSKI
3470 LAKE PADGETT DRIVE
LAND O LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

C/O MARK A. WROBLEWSKI
3470 LAKE PADGETT DRIVE
LAND O LAKES, FL 34639

New Mailing Address:

FEI Number: 94-1687665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WROBLEWSKI, MARK A
3470 LAKE PADGETT DRIVE
LAND O LAKES, FL 34639 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: PRES () Delete
Name: WROBLEWSKI, MARK A
Address: 3470 LAKE PADGETT DRIVE
City-St-Zip: LAND O LAKES, FL 34639

Title: D () Delete
Name: DEL VECCHIO, RICHARD
Address: 8961 SW 150TH
City-St-Zip: MIAMI, FL 33196

Title: VP () Delete
Name: PRESTON, PAUL
Address: 7337 AMHURST LANE
City-St-Zip: CLEARWATER, FL 33764

Title: S/T () Delete
Name: WROBLEWSKI, MARY M
Address: 3470 LAKE PADGETT DRIVE
City-St-Zip: LAND O LAKES, FL 34639

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 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: MARK A. WROBLEWSKI

PRES

04/06/2007

Electronic Signature of Signing Officer or Director

_____ Date