

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P00000010695

1. Entity Name  
MAG FORCE CORP.



**FILED  
Mar 19, 2004 8:00 am  
Secretary of State**

03-19-2004 90053 032 \*\*\*150.00

34036010



01082004 Chg-P CR2E034 (10/03)

Principal Place of Business  
P O BOX 453412  
KISSIMMEE, FL 34745-3412

Mailing Address  
717 E OAK ST  
KISSIMMEE, FL 34744

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 59-3623016	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
  
ANDREW J BAUMRUK CPA  
717 E OAK STREET  
KISSIMMEE, FL 34744

7. Name and Address of New Registered Agent  
  
Name **Scott Alan**  
Street Address (P.O. Box Number is Not Acceptable)  
**3020 Victoria Drive**  
City **Kissimmee** FL **34746**

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

*Scott Alan* Scott Alan, Pres. 17 MAR 04

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ALAN, SCOTT P.O. BOX 453412 KISSIMMEE, FL 347453412	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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.

*Scott Alan* Scott Alan, Pres. 17 MAR 04 407-973-8521  
SIGNATURE: *Scott Alan* Scott Alan, Pres. 17 MAR 04 407-973-8521  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #