


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90061 050 \*\*\*158.75

|   |  |  |   |  |   |   |
|---|--|--|---|--|---|---|
| <b>DOCUMENT # P00000035928</b><br>1. Entity Name<br><b>MASTERS OF MAGIC, INC.</b>   |  |  |   |                                 |   |   |
| Principal Place of Business<br><b>671 W FRONT ST, SUITE<br/>SUITE 220<br/>CELEBRATION FL 34747</b>  |  |  |   | Mailing Address<br><b>671 W FRONT ST, SUITE<br/>SUITE 220<br/>CELEBRATION FL 34747</b>                           |   |   |
| 2. Principal Place of Business<br><b>170 Sunport Lane</b><br>Suite, Apt. #, etc.<br><b>Suite 900</b><br>City & State<br><b>Orlando FL</b><br>Zip<br><b>32809</b>  |  | 3. Mailing Address<br><b>170 Sunport Lane</b><br>Suite, Apt. #, etc.<br><b>Suite 900</b><br>City & State<br><b>Orlando FL</b><br>Zip<br><b>32809</b> |   | <br>1st MOORE CR2E034 (10/04) |   |   |
| 4. FEI Number <b>59-3668114</b>   |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |  |   | <b>\$8.75</b> Additional Fee Required  |   |   |
| 6. Name and Address of Current Registered Agent<br><b>GOMEZ, OCTAVIO<br/>671 W FRONT ST, SUITE<br/>STE 220<br/>CELEBRATION FL 34747</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>170 Sunport Lane</b><br><b>Suite 900</b><br>City <b>Orlando</b> <b>FL</b> Zip Code <b>32809</b> |  |   |   |
| 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 reinstating) DATE _____   |  |  |   |  |   |   |
| <b>FILE NOW!!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |  |   |   |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>GOMEZ, OCTAVIO<br>671 W FRONT ST, SUITE 220<br>CELEBRATION FL 34747      | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>170 Sunport Lane #900</b><br><b>Orlando FL 32809</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MATIN, LOUIS B<br>5469 GROVE CROSSING BLVD. SUITE 220<br>ORLANDO FL 32829 | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 170 Sunport Lane, #900<br>Orlando FL 32809              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>GRAY, DAVID<br>671 W FRONT ST, SUITE 220<br>CELEBRATION FL 34747         | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 170 Sunport Lane, #900<br>Orlando FL 32809              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | (Empty)  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | (Empty)  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | (Empty)  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)   | <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. |  |  |   |  |   |   |
| SIGNATURE: <u><i>Octavio Gomez</i></u> <span style="float: right;">3/19/05</span><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>   |  |  |   |  |   |   |