

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 08, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P00000035928**

1. Entity Name  
**MASTERS OF MAGIC, INC.**



**Principal Place of Business**

170 SUNPORT LANE  
SUITE 900  
ORLANDO, FL 32809

**Mailing Address**

170 SUNPORT LANE  
SUITE 900  
ORLANDO, FL 32809



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3668114**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GOMEZ, OCTAVIO  
170 SUNPORT LANE  
STE 900  
ORLANDO, FL 32809

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000425208  
02/18/06-80085-006 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GOMEZ, OCTAVIO
STREET ADDRESS	170 SUNPORT LANE, #900
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	D
NAME	MATIN, LOUIS B
STREET ADDRESS	5469 GROVE CROSSING BLVD. SUITE 220
CITY-ST-ZIP	ORLANDO, FL 32829
TITLE	TD
NAME	GRAY, DAVID
STREET ADDRESS	170 SUNPORT LANE
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/06 407-240-6130