## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 24, 2006 08:00 AM Secretary of State DOCUMENT # P00000108534 MAGNOLIA COURT DEVELOPMENT CORP. Principal Place of Business Mailing Address 277 SE 5 AVE 277 SE 5 AVE DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 No Chg-P CR2E034 (11/05) 01062006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1067921 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GLICKSTEIN, CARY DO NOT WRITE 277 SE 5 AVE DELRAY BEACH, FL 33483 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 like if applicable. (NDTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GLICKSTEIN, CARY NAME STREET ADDRESS 1118 WATERWAY LANE CITY-ST-ZIP DELRAY BEACH, FL 33483 70515 1100000446566 NAME 08/08/06-80017-014 15U.00 STREET ADDRESS CHY-SI-2P TITLE STREET ADDRESS DO NOT WRITE City-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliercental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver in 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:

CITY+ST-ZIP

STREET ADDRESS

IGHATUREAND TYPED OR PRINTED NAME OF SKYLING OFFICER OR DIRECTOR

2/6/06 501-279-8950

FILED