2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State 01-17-2006 90258 048 ***158.75

Zip Country Zip Country 5. Centificate of Status Desired X \$8.75 Additional Fee Required Fee Required Fee Required Fee Required Status Desired X \$8.75 Additional Fee Required	1. Entity Nam	MENT # P01000022 T,MAGIC F/X, INC.	2959			01-17-2006	5 90258 048 ***15	8.75
Suite, Apt. #, etc. Suite, Ap	1206 BARON	VWOOD PLACE	1206 BARONWOOD PLACE					
City & State City & State City & State Country Countr	2. Principal Place of Business		3. Mailing Address					
Zip Country Zip Country Sp. Co	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132006	Chg-P	CR2E034 (11/05)	
6. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent 7. Name Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of Name Registered Agent 8. The Address (P.O. Box Number is Not Acceptable) 7. The Address of Name Registered Agent Agent 8. The Address of Name Registered Agent Agent 8. The Address of Name Registered Agent 8. The Address of Name R	City & State		City & State		II		 	oplied For ot Applicable
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required			
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	t Registered Agent		7. Name and	Address of New	Registered Agent	
8. The above named entity subsens 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 are the obligations of registered agent and use it specials. SIGNATURE Signafit special agent and use it specials. Signafit special agent and use it specials. LISA ZIEMONT SERETAND TREASURE OATE JAI ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE P. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE ST. JOHN BRANDON, FL 33510 ITILE NAME ZIGMONT, STEVEN P BRANDON, FL 33510 Deide ITILE STREET ADDRESS CITY-ST-2P TILE Deide TILE NAME ZIGMONT, LISA K STREET ADDRESS CITY-ST-2P TILE Deide TILE NAME STREET ADDRESS CITY-ST-2P TILE Deide TILE NAME STREET ADDRESS CITY-ST-2P TILE NAME STREET ADDRESS CITY-ST-2P TILE Deide TILE NAME STREET ADDRESS CITY-ST-2P TILE STREET ADDRESS	1206 BAR	ONWOOD PLACE						
8. The above named entity submiss 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 at the obligations of registered agent and the displacation. SIGNATURE Scrupts typed Signature required agent and the displacation. SIGNATURE Scrupts typed Signature required agent and the displacation. INTER Registered Agent signature requires when rematating) PILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. TILE JOHN THE SIGNATURES STREET ADDRESS TO PERCENSION DIRECTORS THE NAME SIREET ADDRESS TO PERCENSION DIRECTORS TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE ST ZIGMONT, LISA K 1206 BARONWOOD PLACE BRANDON, FL 33510 TITLE MAME SIREET ADDRESS CITY-ST-2P TITLE Change A C				City			FL Zip Cod	0
FILE NOWILI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.			or the purpose of changing its	registered office or regis	stered agent, or both	n, in the State of F	Porida. I am familiar with,	and accept
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.	SIGNATURE	Signature, typed or printed name in registered agen			† S ε	CRETAR		ER 3106
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	ZIGMONT, STEVEN P 1206 BARONWOOD PLACE	☐ Delete	NAME Street address			☐ Change	Addition
NAME SIREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	NAME STREET ADDRESS	ZIGMONT, LISA K 1206 BARONWOOD PLACE	☐ Delete	NAME Street Address			☐ Change	☐ Addition
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	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition
TITLE NAME SIRSET ADDRESS CITY-ST-ZIP 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 supplied with the information supplied with the stiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes.	NAME		☐ Delete	NAME			☐ Change	Addition

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.

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SIGNATURE: LISA ZIGMONT 1/13/06 689-626