2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90475 004 ***150 00

DOCUMENT # P01000054605 1. Entity Name MAGIC SILKS, INC.							05-02-2005 \$	90473 00	4 130	J.00	
Principal Place of Business Mailing Address						L	1				
99 NE EGLIN PARKWAY, SUITE 32A 99 NE EGLIN PARKWAY, SUIT FT WALTON BEACH, FL 32548 FT WALTON BEACH, FL 325											
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2. Principal Place of Business			3. M	3. Mailing Address							
Suite, Apt, #, etc.			Su	Suite, Apt. #. etc.			04202005	Chg-P	CR2E03	14 (10/03)	
City & State			Ci	City & State			4. FEI Number 59-37253	333		_ 	plied For at Applicable
Zip Country		Zij	Zip Country		try	5. Certificate of			8.75 Add	iitional	
6. Name and Address of Current R			nt Registe	red Agent			7. Name and A	ddress of New Re		ee Require	d
			9			Name` -			-	90	
VU, LUONG D 99 NE EGLIN PARKWAY, SUITE 32A FT WALTON BEACH, FL 32548					Streat Address (P.O. Box Number is Not Acceptable)						
TT WALL	NA BEYOL	11,112 32340									
						City		· · · · · · · · · · · · · · · · · · ·	FL.	Zip Cod	θ
8. The above the obligati	named entit ions of regist	ty submits this statement tered agent.	t for the pu	rpose of changing its	s register	ed office or registe	red agent, or both,	in the State of Flo	rida. I am fa	amiliar with,	and accept
SIGNATURE_	Signature, typed	d or printed name of registered age	ent and title if a	policable (NOT	E: Registere	d Agent signature require	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.											
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2.5 Thereby Certify that the information supplied with this hing does not quality 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 yis 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: HUNGSIPO HUNGSIPO DO 4/29/05 (850) 796-1200
SIGNATURE: HUNGSIPO HUNGSIPO DO HUNGSIPO DO DESIGNATURE PRODE & DESIGNATURE PRODE P