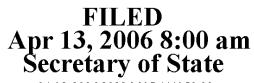
2006 FOR PROFIT CORPORATION ANNUAL REPORT



| DOCUMENT # P0100054605 1. Entity Name MAGIC SILKS, INC. | | | | | | 04-13-2006 | 90296 01 | 130 | J.00 |
|---|--|---|----------------|--|-------------------------------|----------------------|-------------------|---------------------------|------------|
| Principal Place of Business | | Mailing Address | | | | E 0.0 | 0114 | C B. | |
| 99 NE EGLIN PARKWAY, SUITE 32A FT WALTON BEACH, FL 32548 | | 99 NE EGLIN PARKWAY, SUITE 32A FT WALTON BEACH, FL 32548 | | | | 301 | J114 | o u | |
| | | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04062006 | Chg-P | CR2E034 | (11/05) | | |
| City & State , . | | City & State | | 4. FEI Number 59-3725 | | | — | plied For t Applicable | |
| Zíp ! | Country | Zip | Count | | 5. Certificate of | of Status Desired | | 8.75 Add se Required | |
| | 6. Name and Address of Curren | t Registered Agent | | | 7. Name and | Address of New F | Registered Ag | ent | |
| VU. LUONG D | | | | Name | | | | | |
| 99 NE EGLIN PARKWAY, SUITE 32A FT WALTON BEACH, FL 32548 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | • | | | City | | | | Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its register | | | | City | r L | | | | |
| 8. The above the obligat | named entity submits this statement I ions of registered agent. | or the purpose of changing i | ts register | ed office or regis | stered agent, or both | , in the State of Fl | orida. I am far | niliar with, | and accept |
| SIGNATURE_ | Signature, typed or printed name of registered ager | nt and title if applicable. (NC | OTE: Registere | ed Agent signature requi | ired when reinstating) | | DATE | | |
| FIL After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550 | 9. Election Camp Trust Fund Co | | | 55.00 May Be added to Fees | | | | |
| 10. | OFFICERS AND | · | 11. | | ADDITIONS/0 | CHANGES TO OFF | | | |
| TITLE : | | | TITL | - 1 | | | [| Change | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | 3235 AUBURN PARKWAY | | | EET ADDRESS (-ST-ZIP | | | | | |
| TITLE | VD □ Delete 117 | | I | | | [| Change | ☐ Addition | |
| NAME Street Address | • | | NAM STR | 1E EET ADDRESS | | | | | |
| CITY-ST-ZIP | | | '-ST-ZIP | | | | | | |
| TITLE | | ☐ Delete | TITL | E | | | [| Change | Addition |
| NAME STREET ADDRESS | | | NAA STD: | ie Eet address | | | | | |
| CITY-ST-ZIP | | | | -ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITL | E | | | [| Change | ☐ Addition |
| NAME STREET ADDRESS | | | NAM etd | ME Eet address | | | | | |
| CITY-ST-ZIP | | | | -ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITL | 1 | | | [| Change | ☐ Addition |
| NAME STREET ADDRESS | | | NAN STR | ME EET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | r-ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITL | E | | | [| Change | ☐ Addition |
| NAME STREET ADDRESS | | | NAA | | | | | | |
| CITY-ST-ZIP | | | | EET ADDRESS (-ST-ZIP | | | | | |
| ļ | I perlify that the information supplied wi | th this filing does not qualify | | | ned in Chapter 119 | Florida Statutes | I further certify | that the is | nformation |

Thereby 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 efficier 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.

CNATURE:

**The Company of the corporation of the information of the same legal effect as if made under oath; that I am an efficier 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.

CNATURE*

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SIGNATURE: