2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058500

Address:

City-St-Zip:

2174 MORNING SUN LANE

NAPLES, FL 34119 US

FILED Apr 26, 2005 Secretary of State

Entity Nam	ie: MAG CLIP	CORP			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2681 AIRPO NAPLES, FI	ORT ROAD SC L 34112 US				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2681 AIRPORT ROAD SOUTH NAPLES, FL 34112 US			2430 SHADOWLAWN SUITE 7 NAPLES, FL 34112		
FEI Number: 6	65-1112491	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
PITKIN, JERALD R ESQUIRE 801 ANCHOR RODE DRIVE SUITE 203 NAPLES, FL 34112 US			2430 SHADOWLAWN SUITE 7	HOWARD F CROSSMAN CPA, PA 2430 SHADOWLAWN DRIVE SUITE 7 NAPLES, FL 34112 US	
The above r		ubmits this statement for the purp	pose of changing its registere	d office or registered agent, or both,	
SIGNATUR	E: HOWARD	F CROSSMAN CPA		04/26/2005	
	Electroni	c Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Address:	P () I HUNLOCK, HOW 225 GROSBEAK NAPLES, FL 34	LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () PITKIN, JERALD 801 ANCHOR RI NAPLES, FL 34	DODRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP ()I	Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: HOWARD HUNLOCK P 04/26/2005