

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058500

Entity Name: MAG CLIP CORP

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

2681 AIRPORT ROAD SOUTH
NAPLES, FL 34112 US

New Principal Place of Business:

2430 SHADOWLAWN DRIVE
SUITE 7
NAPLES, FL 34112 US

Current Mailing Address:

2430 SHADOWLAWN DRIVE
SUITE 7
NAPLES, FL 34112 US

New Mailing Address:

FEI Number: 65-1112491 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD F CROSSMAN CPA, PA
2430 SHADOWLAWN DRIVE
SUITE 7
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUNLOCK, HOWARD
Address: 225 GROSBEEK LANE
City-St-Zip: NAPLES, FL 34112 US

Title: ST () Delete
Name: PITKIN, JERALD
Address: 801 ANCHOR RD DRIVE
City-St-Zip: NAPLES, FL 34112 US

Title: VP () Delete
Name: JOYCE, JAMES
Address: 2174 MORNING SUN LANE
City-St-Zip: NAPLES, FL 34119 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: HOWARD F CROSSMAN

RA

04/24/2009

Electronic Signature of Signing Officer or Director

Date