
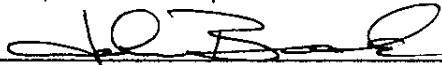


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # P01000099002		
1. Entity Name CINEMAGICAL INC		
Principal Place of Business 3482 GULFSTREAM RD LAKE WORTH, FL 33461 US		Mailing Address 3482 GULFSTREAM RD LAKE WORTH, FL 33461 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent THE ACCOUNTING DEPARTMENT OF THE SOUTHEAST 1440 CORAL RIDGE DR #211 CORAL SPRINGS, FL 33071		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKE, JOHN M 3482 GULFSTREAM RD LAKE WORTH, FL 33461	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET 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 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.		
SIGNATURE: 		3-11-08 (954) 557-0000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



03112008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1146160	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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03/27/08-80073-022 150.00

**DO NOT WRITE
IN THIS SPACE**