

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101769

FILED
Apr 30, 2009
Secretary of State

Entity Name: MAGICAL TOUCH CREATIONS, INC.

Current Principal Place of Business:

2481 SE CALIGULA AVE
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

1001 SW BAY STATE RD
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

2481 SE CALIGULA AVE
PORT SAINT LUCIE, FL 34952

New Mailing Address:

1001 SW BAY STATE RD
PORT SAINT LUCIE, FL 34953

FEI Number: 65-1148517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEJESUS, ANTHONY LUIS
12609 NE 13TH AVENUE
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

DEJESUS, ANTHONY LUIS
1001 SW BAY STATE RD
PORT SAINT LUCIE, FL 34953 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEJESUS, ANTHONY LUIS
Address: 12609 NE 13TH AVENUE
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEJESUS, ANTHONY LUIS
Address: 1001 SW BAY STATE RD
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: ANTHONY LUIS DEJESUS

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date