2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000012493

Address:

City-St-Zip:

400 S DIXIE HWY #121

BOCA RATON, FL 33432

FILED Apr 15, 2008 Secretary of State

Entity Na	me: TONSBEF	RG MAGNESIUM GROUP, IN	C.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
400 S DIXIE HWY #121 BOCA RATON, FL 33432			400 S DIXIE HWY #121 BOCA RATON, FL 33		
Current N	lailing Addres	s:	New Mailing Address	New Mailing Address:	
	IE HWY #121 TON, FL 33432	2	400 S DIXIE HWY #121 BOCA RATON, FL 33	1432	
FEI Number	: 90-0012989	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
LETOURNEAU, CLAUDE 400 S DIXIE HWY #121 BOCA RATON, FL 33432 US			400 S DIXIE HŴY #121 BOCA RATON, FL 33	#121 BOCA RATON, FL 33432 US	
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:				04/15/2008	
	Electron	ic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SP () LETOURNEAU, 4603 CAVANDIS TAMARAC, FL (SH DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () BJORNSTAD, P 400 S DIXIE HW BOCA RATON, F	/Y #121	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T () EIKLAND, JOST	Delete EIN	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: CLAUDE LETOURNEAU SP 04/15/2008