

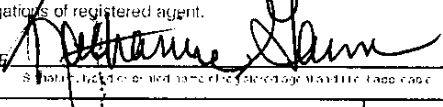
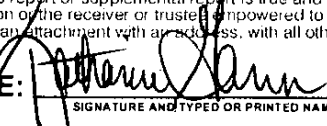


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90027 034 ***150.00

DOCUMENT # P02000093866 1. Entity Name MAGICCATCHER INC.					
Principal Place of Business 11595 KELLY ROAD 202 FORT MYERS, FL 33908 US			Mailing Address 11595 KELLY ROAD 202 FORT MYERS, FL 33908 US		
2. Principal Place of Business - No P.O. Box # 13950 LAKE MANOGANY Suite, Apt. #, etc. # 1221		3. Mailing Address 13950 LAKE MANOGANY Suite, Apt. #, etc. # 1221			
City & State FT MYERS FL		City & State FT MYERS FL		05082007 Chg-P CR2E034 (12/06)	
Zip 33907		Country US		4. FEI Number 26-0009005	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent GANN, KATHARINE 11595 KELLY ROAD 202 FORT MYERS, FL 33908			7. Name and Address of New Registered Agent Name GANN, KATHARINE Street Address (P.O. Box Number is Not Acceptable) 13950 LAKE MANOGANY Blvd #1221 City FT Myers FL Zip 33907		
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  6 MAY 07 <small>Signature of the current registered agent, if the agent is changing. If not, leave blank.</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	P GANN, KATHARINE 11595 KELLY ROAD 202 FT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	P GANN, KATHARINE 13950 LAKE MANOGANY BLVD, #1221, FT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  KATHARINE GANN 6 MAY 07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					