2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P02000097423

Entity Name: MAGIC CARE INC

Current Principal Place of Business:

P.O. BOX 780476
ORLANDO, FL 328780476

New Principal Place of Business:

Current Mailing Address:

13025 WATERFORD WOODS CR
101
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 11-3651433 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALVEREZ, ELIUD
13025 WATERFORD WOODS CR
#101
ORLANDO, FL 32828 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: DUBE, STEVEN M
Address: 344 SCOTTSDALE SQUARE
City-St-Zip: WINTER PARK, FL 32792

Title: VP ( ) Delete
Name: ALVEREZ, ELIUD
Address: 716 MALONEY LANE
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: STEVEN DUBE P 04/30/2004

Electronic Signature of Signing Officer or Director — Date