

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000097423

Entity Name: MAGIC CARE INC

**FILED**  
**Oct 12, 2006**  
**Secretary of State**

## **Current Principal Place of Business:**

P.O. BOX 780476  
ORLANDO, FL 328780476

## **New Principal Place of Business:**

## **Current Mailing Address:**

507 DEAN CREEK LANE  
ORLANDO, FL 32825 US

## **New Mailing Address:**

P. O. BOX 780476  
ORLANDO, FL 328780476 US

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  
507 DEAN CREEK LANE  
ORLANDO, FL 32825 US

## **Name and Address of New Registered Agent:**

GERRARD, JOSHUA  
4853 WALNUT RIDGE DRIVE  
ORLANDO, FL 32829 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: JOSHUA GERRARD

10/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DUBE, STEVEN M  
Address: 507 DEAN CREEK LANE  
City-St-Zip: ORLANDO, FL 32825 US

Title: VP ( ) Delete  
Name: ALVEREZ, ELIUD  
Address: 507 DEAN CREEK LANE  
City-St-Zip: ORLANDO, FL 32825

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DUBE, STEVEN M  
Address: 4853 WALNUT RIDGE DRIVE  
City-St-Zip: ORLANDO, FL 32829 US

Title: VP (X) Change ( ) Addition  
Name: ALVAREZ, ELIUD  
Address: 507 DEAN CREEK LANE  
City-St-Zip: ORLANDO, FL 32825

Title: CEO ( ) Change (X) Addition  
Name: GERRARD, JOSHUA M  
Address: 4853 WALNUT RIDGE DRIVE  
City-St-Zip: ORLANDO, FL 32829 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSHUA GERRARD

CEO

10/12/2006

Electronic Signature of Signing Officer or Director

Date