2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2007
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:

4853 WALNUT RIDGE DR
ORLANDO, FL 32829

Current Mailing Address:

P. O. BOX 780476
ORLANDO, FL 328780476 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DUBE, STEVEN
4853 WALNUT RIDGE DR
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: STEVEN M DUBE 08/15/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: STEVEN M DUBE P 08/15/2007
Electronic Signature of Signing Officer or Director Date