


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90017 036 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P02000120443</b>               |  |
| 1. Entity Name<br><b>MAJIC VENTURES INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>504 RYDER CUP CIRCLE SOUTH<br/>PALM BEACH GARDENS, FL 33410</b> | Mailing Address<br><b>504 RYDER CUP CIRCLE SOUTH<br/>PALM BEACH GARDENS, FL 33410</b> |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



02142006 Chg-P CR2E034 (11/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>57-1137984</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

|  |  |  |          |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent        |          |
| <b>KNOX, MARJORIE M<br/>504 RYDER CLUB CIRCLE SOUTH<br/>PALM BEACH GARDENS, FL 33410</b> |  | Name   |          |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|  |  | City   |          |
|  |  | <b>FL</b>  | Zip Code |

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 | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

| 10. OFFICERS AND DIRECTORS |                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|----------------------------|-------------------------------------|---|--|
| TITLE                      | PD <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>KNOX, MARJORIE M</b>             | NAME  |  |
| STREET ADDRESS             | <b>504 RIVER CLIP CIRCLE</b>        | STREET ADDRESS  |  |
| CITY-ST-ZIP                | <b>PALM BEACH GARDENS, FL 33410</b> | CITY-ST-ZIP   |  |
| TITLE                      | STD <input type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CHASE, JEAN A</b>                | NAME  |  |
| STREET ADDRESS             | <b>12335 76TH ROAD NO.</b>          | STREET ADDRESS  | <b>1129 Royal Palm Beach Blvd #72</b>  |
| CITY-ST-ZIP                | <b>WEST PALM BEACH, FL 33412</b>    | CITY-ST-ZIP   | <b>Royal Palm Beach FL 33411</b>   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | NAME  |  |
| STREET ADDRESS             |                                     | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                     | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | NAME  |  |
| STREET ADDRESS             |                                     | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                     | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | NAME  |  |
| STREET ADDRESS             |                                     | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                     | CITY-ST-ZIP   |  |

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: <i>Marjorie M. Knox</i> | Date: <i>2/18/06</i> | Daytime Phone #: <i>561-202-7724</i> |
|------------------------------------|----------------------|--------------------------------------|