2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000041123

1. Entity Name

MAGNAINNOVATIVE INCORPORATED



US

FILED
May 01, 2007 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

7031 BAYOU WEST AVENUE PINELLAS PARK, FL 33782

US

7031 BAYOU WEST AVENUE PINELLAS PARK, FL 33782



DO NOT WRITE IN THIS SPACE

 04042007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 90-0080670
 Applied For Not Applicable

 5. Cortificate of Status Desired
 \$8.75 Additional

5. Certificate of Status Desired

\$8.75 Addition Fee Required

6. Name and Address of Current Registered Agent

CISLIEK, RONNY M PRES 7031 BAYOU WEST AVENUE PINELLAS PARK, FL 33782

DO NOT WRITE IN THIS SPACE

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				required when reinstating)	unaaaa75 4 759	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Fina Trust Fund Contribution.	~	\$5.00 May Be Added to Fees	05/22/07-80048-022 150.00	
10.	OFFICERS AND DIRECTORS		T			
TITLE	PRES					
NAME	CISLIEK, RONNY M				•	
STREET ADDRESS	7031 BAYOU WEST AVE.					
CITY-ST-ZIP	PINELLAS PARK, FL 33782					
TITLE	SECR		1			
NAME	CISLIEK, RONNY M					
STREET ADORESS	7031 BAYOU WEST AVE.					
CITY-ST-ZIP	PINELLAS PARK, FL 33782					
TITLE	TREA					
NAME	CISLIEK, RONNY M					
STREET ADDRESS	7031 BAYOU WEST AVE.			DO	NOT WRITE	
CITY-ST-ZIP	PINELLAS PARK, FL 33782			DO	NOI WHILE	
TITLE				IN THIS SPACE		
NAME						
STREET ADDRESS						
CITY-ST-ZIP						

12. Thereby certify that the information supplied with this filling 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 fruitee 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 a director of the corporation of the corporation of the corporation of the corporation of the receiver of truther 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 of truther certific that I am an officer or director of the corporation of the receiver of truther certific that I am an officer or director of the corporation of the receiver of truther certific that I am an officer or director of the corporation of the receiver of truther certification.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07

427-421-2547

Daytime Phone #