2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045162

Entity Name: KINGDOM MAGIC VACATIONS, INC.

FILED Apr 26, 2004 Secretary of State

US

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

4768 LAGO VISTA DRIVE 5197 NW 15TH STREET COCONUT CREEK, FL 33073 SUITE 206

MARGATE, FL 33063

Current Mailing Address: New Mailing Address:

4768 LAGO VISTA DRIVE 5197 NW 15TH STREET COCONUT CREEK, FL 33073 MARGATE, FL 33063

FEI Number: 36-4529105 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARTHUR, EVANS L
4768 LAGO VISTA DRIVE
COCONUT CREEK, FL 33073
US
RICHARD, HOWARD J
4860 NW 55 DRIVE
COCONUT CREEK, FL 33073
COCONUT CREEK, FL 33073

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: RICHARD J. HOWARD 04/26/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

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

Title: () Delete Title: PD () Change (X) Addition

Name: Name: HOWARD, RICHARD J
Address: Address: 4860 NW 55 DRIVE

City-St-Zip: City-St-Zip: COCONUT CREEK, FL 33073 US

Title: () Delete Title: VP D () Change (X) Addition

 Name:
 Name:
 EVANS, ARTHUR L

 Address:
 Address:
 4768 LAGO VISTA DR

 City-St-Zip:
 City-St-Zip:
 COCONUT CREEK, FL 33073 US

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: RICHARD J. HOWARD PD 04/26/2004