2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007
Secretary of State

DOCUMENT# P03000075768

Entity Name: MAGAN ENTERPRISES, INC.

Current Principal Place of Business:

32539 BURRELL AVE
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

32539 BURRELL AVE
LEESBURG, FL 34788

New Mailing Address:

FEI Number: 56-2378346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAGAN, MARK
32539 BURRELL AVE
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

MAGAN, MARK
2430 BUCKNELL DRIVE
VALRICO, FL 33594 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: MARK MAGAN 01/30/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MAGAN, JULIO
Address: 32539 BURRELL AVE
City-St-Zip: LEESBURG, FL 34788

Title: V ( ) Delete
Name: MAGAN, MICHELE
Address: 32539 BURRELL AVE
City-St-Zip: LEESBURG, FL 34788

Title: V ( ) Delete
Name: SUTTON, MONIQUE
Address: 32531 BURRELL AVE
City-St-Zip: LEESBURG, FL 34788

Title: CEO ( ) Delete
Name: MAGAN, MARK
Address: 2430 BUCKNELL DR
City-St-Zip: VALRICO, FL 33594

Title: CFO ( ) Delete
Name: LORAH, JUNE
Address: 2430 BUCKNELL DR
City-St-Zip: VALRICO, FL 33594

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:

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 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: JUNE LORAH CFO 01/30/2007
Electronic Signature of Signing Officer or Director Date