2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P03000083922 1. Entity Name MAGNUM 6 INC. Principal Place of Business 4008 S PENINUSLA DR WILBUR BY THE SEA, FL 32127 Mailing Address 4008 S PENINUSLA DR WILBUR BY THE SEA, FL 32127 DO NOT WRITE IN THIS SPACE

FILED
Apr 30, 2007 08:00 AM
Secretary of State

WILBUR BY	THE SEA, FL 32127	WILBUR BY THE SEA, FL 3212	27		U BRIFF ININ BRITI FRIN BRIA	: BB(B) (3):88 (IIIB 18(B (B)) (B) (B) (B) (B)
DO NOT WRITE IN THIS SPAC			CE	04042007 4. FEI Numb 20-012	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent]			, oo roquio
MCALLISTER, WILMA 4008 S PENINSULA DR WILBUR BY THE SEA, FL 32127			DO NOT WRITE IN THIS SPACE			
8. The above named entity of britis his 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be U0000741099 05/15/07-80015-012 150.00		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD MCALLISTER, WILMA 4008 S PENINSULA DR WILBUR BY THE SEA, FL 32127		DO NOT WRITE IN THIS SPACE			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby 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 another 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 its report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactment with an address, with all other life empowered.

SIGNATURE: 🗸

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4124107

(38/0)8410-78910

Daytime Phone #