2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

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Entity Name: THE MAGSON COMPANY

Current Principal Place of Business:

5805 THOREAU PLACE
LITHIA, FL 33547

New Principal Place of Business:

150 CALLE ELJARDIN
101
ST. AUGUSTINE, FL 32095

Current Mailing Address:

5805 THOREAU PLACE
LITHIA, FL 33547

New Mailing Address:

150 CALLE ELJARDIN
101
ST. AUGUSTINE, FL 32095

FEI Number: 03-0527024 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LASMAN, JEFFREY M ESQ
LASMAN & ASSOCIATES, P.A.
115 PROVIDENCE ROAD
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MAGUIRE, KAREN M
Address: 5805 THOREAU PLACE
City-St-Zip: LITHIA, FL 33547

Title: DV ( ) Delete
Name: NELSON, KEN
Address: 1230 STRATHMORE DRIVE
City-St-Zip: SOUTHLAKE, TX 76092

Title: DS ( ) Delete
Name: NELSON, SHARON
Address: 1230 STRATHMORE DRIVE
City-St-Zip: SOUTHLAKE, TX 76092

Title: DT ( ) Delete
Name: MAGUIRE, TIMOTHY R
Address: 5805 THOREAU PLACE
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: MAGUIRE, KAREN M
Address: 150 CALLE ELJARDIN #101
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: MAGUIRE, TIMOTHY R
Address: 150 CALLE ELJARDIN #101
City-St-Zip: ST. AUGUSTINE, FL 32095

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: KAREN M. MAGUIRE DP 01/17/2006

Electronic Signature of Signing Officer or Director — Date