


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000106114 1. Entity Name MAGNETIC PRODUCT MARKETING, INC.	
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Principal Place of Business 1026 E. ALFRED ST TAVARES, FL 32778	Mailing Address 1026 E. ALFRED ST TAVARES, FL 32778
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DO NOT WRITE IN THIS SPACE

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07162008 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3775712	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DUCLOS, GINETTE 30119 GREEN BAY DR TAVARES, FL 32778
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DUCLOS, GINETTE 30119 GREEN BAY DR TAVARES, FL 32778
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<p>UN00000955916 07/22/08-80010-014 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing 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 trustee 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 all other like empowered.
SIGNATURE: <u><i>GINETTE DUCLOS</i></u> GINETTE DUCLOS 07/16/08 (352) 742-1108 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>