


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90373 021 \*\*\*150.00

DOCUMENT # P04000076417					
1. Entity Name <b>PHOTO-MAGIC, INC.</b>					
Principal Place of Business <b>10847 SE HOBART STREET TEQUESTA, FL 33469 US</b>			Mailing Address <b>10847 SE HOBART STREET TEQUESTA, FL 33469 US</b>		
2. Principal Place of Business <b>54 Woodland Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>54 wood land Drive</b> Suite, Apt. #, etc.			
City & State <b>Tequesta FL</b>		City & State <b>Tequesta FL</b>		4. FEI Number <b>20-1235953</b>	
Zip <b>33469</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JACKSON, KRISTY 10847 SE HOBART STREET TEQUESTA, FL 33469</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>54 Woodland Drive</b>  City <b>Tequesta</b> FL Zip Code <b>33469</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCDONALD, DONNA 16 PINEHILL TRAIL EAST TEQUESTA, FL 33469	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KING, STACEY 9211 SE LACROCK COURT HOBE SOUND, FL 33455	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, KRISTY 10847 SE HOBART STREET TEQUESTA, FL 33469	<input type="checkbox"/> Delete			
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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>Kristy Jackson Treasurer</u> 4/17/06 561-747-9159					