

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2006 08:00 A
Secretary of State

DOCUMENT # P04000117084
 1. Entity Name
KING & MAGALDI CORPORATION



Principal Place of Business 9405 SW 52 STREET COOPER CITY, FL 33328	Mailing Address 9405 SW 52 STREET COOPER CITY, FL 33328
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DO NOT WRITE IN THIS SPACE



08072006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1497615	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BRIAN D. GORDON, CPA, PA
 12550 BISCAYNE BLVD SUITE 500
 N MIAMI, FL 33181**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$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.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, CHRISTOPHER 9405 SW 52 STREET COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KING, LISA 9405 SW 52 STREET COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 08/10/06-80002-010-158.75

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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 *Lisa M. King* V President 8/7/06 954-434-6132
 _____ Date Daytime Phone #

LISA M. KING