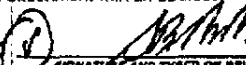


FILED

Feb 14, 2006 08:00
Secretary of State**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000137040 1. Entity Name MAGNOR LEISURE PRODUCTS, INC.		
Principal Place of Business C/O 10300 SUNSET DRIVE SUITE 135 MIAMI, FL 33173 US	Mailing Address C/O 10300 SUNSET DRIVE SUITE 135 MIAMI, FL 33173 US	
DO NOT WRITE IN THIS SPACE		
 02072008 No Chg-P CR2E034 (11/05)		
4. FEI Number 20-2405830		☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PASTROFF, BARJA, KELLY & CO. 10300 SUNSET DRIVE SUITE 135 MIAMI, FL 33173		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 _____ Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICHOLAS, STEPHEN B C/O 10300 SUNSET DRIVE, SUITE 135 MIAMI, FL 33173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICHOLAS, STEPHEN S C/O 10300 SUNSET DRIVE, SUITE 135 MIAMI, FL 33173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICHOLAS, STEPHEN S C/O 10300 SUNSET DRIVE, SUITE 135 MIAMI, FL 33173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
1000000434036 02/24/06-80042-016 150.00 DO NOT WRITE IN THIS SPACE		
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  2 Jan 10-10-06 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		