2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000151600

1. Entity Name RADIAL MAGNETS INC.

1/1

FILED Feb 07, 2007 8:00 am Secretary of State

01-11-2007 90057 009 ***150.00

Principal Place of Business

3500 NW BOCA RATON BLVD SUTIE 613 BOCA RATON, FL 33431 Mailing Address

21391 CAMPO ALLEGRO DR. BOCA RATON, FL 33433



Febr 5, 2007

DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

Applied For

Not Applicable

5. Certificate of Status Desired

4. FEI Number 56-2487805

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOBSON, HAROLD J 21391 CAMPO ALLEGRO DR. BOCA RATON, FL 33433

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DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement to 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, hypercharded name of registered agent and the it appoints. (NOTE: Registered Agent signature required when remistered) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	DATE
10.	OFFICERS AND DIREC	CTORS		··	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DOBSON, HAROLD J 21391 CAMPO ALLEGRO DR. BOCA RATON, FL 33433				
NTILE NAME STREET ADDRESS CITY-ST-ZIP	VP VOGEL DOBSON, ROBERTA S 21391 CAMPO ALLEGRO DR. BOCA RATON, FL 33433				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE MAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
12. Thereby certify that the information supplied with this filling 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 place tike empowered.					