
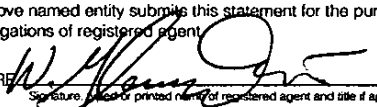
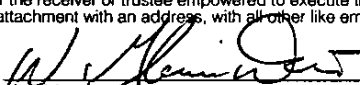


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90298 015 ***150.00

DOCUMENT # P04000159212 1. Entity Name FOAM MAGIC, INC.					
Principal Place of Business 124 5TH STREET FORT MYERS, FL 33907			Mailing Address 124 5TH STREET FORT MYERS, FL 33907		
2. Principal Place of Business 2043-2045 Beacon Manor Dr.		3. Mailing Address PO Box 61237			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Fort Myers, FL		City & State Fort Myers, FL		4. FEI Number 56-2490039	
Zip 33907		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33906		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, W G 124 5TH STREET FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name Wesley Glenn Davis Street Address (P.O. Box Number is Not Acceptable) 2043-2045 Beacon Manor Drive City Fort Myers FL Zip Code 33907		
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  W. Glenn Davis DATE 04/12/2005 <small>Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, SHIRLEY J 124 5TH STREET FORT MYERS, FL 33907	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, W G 124 5TH STREET FORT MYERS, FL 33907	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Davis, Wesley G. 2043-2045 Beacon Manor Drive Fort Myers, FL 33907	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  W. Glenn Davis DATE 4/12/2005 Daytime Phone # 239.931.3626 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					