

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000036227

FILED
Jan 24, 2006
Secretary of State

Entity Name: MAGALDI ENTERPRISES, INC.

Current Principal Place of Business:

599 S.W. 34TH STREET
PALM CITY, FL 34990 US

New Principal Place of Business:

4742 S.E. ANCHOR AVENUE
#2
STUART, FL 34997 US

Current Mailing Address:

599 S.W. 34TH STREET
PALM CITY, FL 34990 US

New Mailing Address:

4742 S.E. ANCHOR AVENUE
#2
STUART, FL 34997 US

FEI Number: 20-2623212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGALDI, THOMAS R
609 S.W. 34TH STREET
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

MAGALDI, THOMAS R
4742 S.E. ANCHOR AVENUE
#2
STUART, FL 34997 US

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.

SIGNATURE:

01/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAGALDI, THOMAS R
Address: 609 S W 34TH STREET
City-St-Zip: PALM CITY, FL 34990 US

Title: VP () Delete
Name: LONG, ISABEL F
Address: 599 S.W. 34TH STREET
City-St-Zip: PALM CITY, FL 34990 US

Title: SEC () Delete
Name: MAGALDI, THOMAS R
Address: 609 S.W. 34TH STREET
City-St-Zip: PALM CITY, FL 34990 US

Title: T () Delete
Name: MAGALDI, THOMAS R
Address: 609 S.W. 34TH STREET
City-St-Zip: PALM CITY, FL 34990 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAGALDI, THOMAS R
Address: 4742 S. E. ANCHOR AVENUE #2
City-St-Zip: STUART, FL 34997 US

Title: VP (X) Change () Addition
Name: MAGALDI, THOMAS R
Address: 4742 SE ANCHOR AVENUE #2
City-St-Zip: STUART, FL 34997 US

Title: SEC (X) Change () Addition
Name: MAGALDI, THOMAS R
Address: 4742 SE ANCHOR AVENUE #2
City-St-Zip: STUART, FL 34997 US

Title: T (X) Change () Addition
Name: MAGALDI, THOMAS R
Address: 4742 SE ANCHOR AVENUE #2
City-St-Zip: STUART, FL 34997 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R MAGALDI

P

01/24/2006

Electronic Signature of Signing Officer or Director

Date