
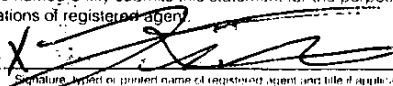
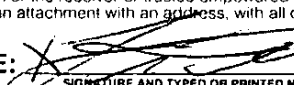


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90065 047 ***150.00

DOCUMENT # P05000061652 1. Entity Name MAJESTIC CANOPIES, INC.																													
Principal Place of Business 6895 NW 17 CT POMPANO BEACH, FL 33063			Mailing Address 6895 NW 17 CT POMPANO BEACH, FL 33063																										
2. Principal Place of Business - No P.O. Box # 1224 NE 16 AVE		3. Mailing Address PO BOX 7313																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State FT. LAUDERDALE FL		City & State FT. LAUDERDALE FL		4. FEI Number 20-3105678																									
Zip 33304		Country USA		Zip 33338																									
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent MAXWELL, LINCOLN 6895 NW 17 CT MARGATE, FL 33063			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1224 NE 16 AVE City FT. LAUDERDALE FL Zip Code 33304																										
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:  LINCOLN MAXWELL DATE: 3-28-07 <small>(NOTE: Registered Agent signature required when registering)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MAXWELL, LINCOLN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6895 NW 17 CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MARGATE, FL 33063</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	MAXWELL, LINCOLN		STREET ADDRESS	6895 NW 17 CT		CITY-ST-ZIP	MARGATE, FL 33063		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">1224 NE 16 AVE</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>FT. LAUDERDALE FL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>33304</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	1224 NE 16 AVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	FT. LAUDERDALE FL		STREET ADDRESS	33304		CITY-ST-ZIP		
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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:  LINCOLN MAXWELL DATE: 3-28-07 DAYTIME PHONE: 954-709-5897 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													