

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000160044

FILED
Aug 13, 2007
Secretary of State

Entity Name: MAGIC REAL ESTATE PROPERTIES INC.

Current Principal Place of Business:

6673 WILLOW LAKE CIRCLE
FORT MYERS, FL 33912

New Principal Place of Business:

2823 THISTLE WAY
NAPLES, FL 34105

Current Mailing Address:

6673 WILLOW LAKE CIRCLE
FORT MYERS, FL 33912

New Mailing Address:

2823 THISTLE WAY
NAPLES, FL 34105

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHINSON, S.SCOTT
6673 WILLOW LAKE CIRCLE
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

SAVORETTI, ANDREA K
2823 THISTLE WAY
NAPLES, FL 34105 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: ANDREA K SAVORETTI

08/13/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: HUTCHINSON, S.SCOTT
Address: 6673 WILLOW LAKE CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: DS () Delete
Name: SAVORETTI, ANDREA
Address: 6673 WILLOW LAKE CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: DT (X) Delete
Name: SAVORETTI, ANDREA
Address: 6673 WILLOW LAKE CIRCLE
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: SAVORETTI, ANDREA
Address: 2823 THISTLE WAY
City-St-Zip: NAPLES, FL 34105

Title: DS (X) Change () Addition
Name: SAVORETTI, ANDREA
Address: 2823 THISTLE WAY
City-St-Zip: NAPLES, FL 34105

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANDREA SAVORETTI

OD

08/13/2007

Electronic Signature of Signing Officer or Director

Date