# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 28, 2006**
**Secretary of State**

DOCUMENT# P05000160085

**Entity Name:** INCREDIBLE MAGIC SOLUTION INC.

**Current Principal Place of Business:**

17415 NW 53 CT
MIAMI, FL 33055

**New Principal Place of Business:**

2607 16 STREET WEST
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

17415 NW 53 CT
MIAMI, FL 33055

**New Mailing Address:**

2607 16 STREET WEST
LEHIGH ACRES, FL 33971

**FEI Number: 51-0561468** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILI, ALEXIS
17415 NW 53 CT
MIAMI, FL 33055 US

**Name and Address of New Registered Agent:**

MILI, ALEXIS
2607 16 STREET WEST
LEHIGH ACRES, FL 33971 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: MILI ALEXIS 06/28/2006
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: P ( ) Delete
Name: MILI, ALEXI
Address: 17415 NW 53 CT
City-St-Zip: MIAMI, FL 33055

Title: VP ( ) Delete
Name: BOZA, YUMEY
Address: 17415 NW 53 CT
City-St-Zip: MIAMI, FL 33055

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: MILI, ALEXI
Address: 2607 16 STREET WEST
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VP (X) Change ( ) Addition
Name: BOZA, YUMEY
Address: 2607 16 STREET WEST
City-St-Zip: LEHIGH ACRES, FL 33971

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: MILI ALEXIS P 06/28/2006
Electronic Signature of Signing Officer or Director Date