2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2008 8:00 am Secretary of State

DOCUMENT # P06000009052 1. Entity Name MS MAGIC SHINE INC.								03-05-2008	-		
Principal Place of Business			м	ailing Address		1 anns	0300				
·				-		1000		. '			
798 ORIENTA AVE APT G				798 ORIENTA AVE APT G							
ALTAMONTE SPRINGS, FL 32701				ALTAMONTE SPRINGS, FL 32701							
TETRIORIE SI MINOS, LE SETOI							88118 BURN BBRN 18 64 88 4				
2. Principal Place of Business - No P.O. Box #			3.	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01182008	Chg-P	CR2E	034 (12/06)	
City & State				City & State		4. FEI Numbe 20-413			<u> </u>	oplied For of Applicable	
Zip	Country			Zip Coun		itry	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current			ost Bools	tored Agent	7. Name and Address of New Registered Agent						
	O. Name	and Address of Chil	ent Regia	rarad Agent		Name					
FALKNER, SARKA 798 ORIENTA AVE						Street Address (P.O. Box Number is Not Acceptable)					
APT G ALTAMONTE SPRINGS, FL 32701											
						City			FL	Zip Cod	8
B. The charge commed paths subjects this state of the the						ad office or registe	red apart or bet	h in the State of Ele		fomiliae with	and account
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 Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.							.00 May Be ded to Fees				
10. OFFICERS AND				CTORS		ADDITIONS/	CHANGES TO OFF	ICERS ANI	D DIRECTOR	S IN 11	
TITLE	Р			☐ Delete	E				Change	☐ Addition	
NAME	FAULKNER, SARKA				IE .					_	
STREET ADDRESS	798 ORIENTA AVE, APT G				STRE	ET ADDRESS					
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NAME					NAM	1		•			
STREET ADDRESS	ET ADDRESS				STRE	EET ADDRESS					
CITY-ST-ZIP	CITY					-ST-ZIP					
12. I hereby	certify that the	informatjøń supplied	with this (iling does not qualify fo	r the ex	emptions containe	d in Chapter 119	, Florida Statutes. I	further cer	rtify that the i	nformation
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 suppliemental 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 single-deprise, with all other like empowered.											
changed,	, or on an atta	chiment with an address	ss, with a	other like empowered		"12-0 V A	EALLIV	JED			•

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/23/08 407-529-8905