


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90041 043 ***158.75

DOCUMENT # P06000030344

1. Entity Name
MAGNA HEALTH INC.



Principal Place of Business Mailing Address

47 SOUTH PALM AVENUE **47 SOUTH PALM AVENUE**
SUITE 212 **SUITE 212**
SARASOTA, FL 34236 US **SARASOTA, FL 34236 US**

40050400



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

47 SOUTH PALM AVENUE **47 SOUTH PALM AVENUE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

SUITE 212 **SUITE 212**

04092007 Chg-P CR2E034 (12/06)

City & State City & State

SARASOTA, FL **SARASOTA, FL**

Zip Country Zip Country

34236 **US** **34236** **US**

4. FEI Number Applied For

204408328 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HANNON, RICHARD T 47 SOUTH PALM AVENUE SUITE 212 SARASOTA, FL 34236	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State Zip Code
	FL

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNON, RICHARD T	NAME	
STREET ADDRESS	47 SOUTH PALM AVENUE, SUITE 212	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, ROBERT K	NAME	
STREET ADDRESS	833 DRAYTON STREET	STREET ADDRESS	
CITY-ST-ZIP	NORTH VANCOUVER, BC CANADA, . V7L 2C2	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBOND, MICHAEL	NAME	
STREET ADDRESS	2509 JAMAICA STREET	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34321	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Richard T. Hannon* RICHARD T. HANNON 4/09/07 941-366-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #