

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000064360

Entity Name: MEDICAL MAGNET, INC.

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

107 N. TAMIAMI TRAIL
OSPREY, FL 34229 US

New Principal Place of Business:

Current Mailing Address:

107 N. TAMIAMI TRAIL
OSPREY, FL 34229 US

New Mailing Address:

FEI Number: 86-1667783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, CHRIS
2417 GULF GATE DRIVE
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEVENS, ROBERT
Address: 4101 WINNERS CIRCLE UNIT 115
City-St-Zip: SARASOTA, FL 34238 US

Title: VP () Delete
Name: STEVENS, CHRIS
Address: 2417 GULF GATE DRIVE
City-St-Zip: SARASOTA, FL 34231 US

Title: T () Delete
Name: STEVENS, ROBERT
Address: 4101 WINNERS CIRCLE UNIT 115
City-St-Zip: SARASOTA, FL 34238 US

Title: S () Delete
Name: STEVENS, CHRIS
Address: 2417 GULF GATE DRIVE
City-St-Zip: SARASOTA, FL 34231 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ROBERT STEVENS

MR

04/18/2007

Electronic Signature of Signing Officer or Director

Date