
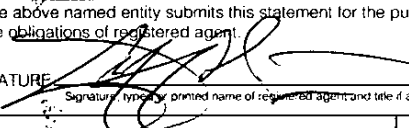
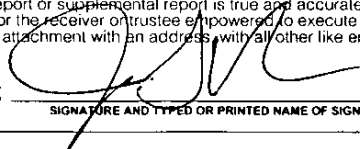


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90033 042 ***150.00

DOCUMENT # P06000100585 1. Entity Name MAGNUM ENGINEERING, INC																																																																																																																																			
Principal Place of Business 4511 HWY.389 PANAMA CITY, FL 32405			Mailing Address 4511 HWY.389 PANAMA CITY, FL 32405																																																																																																																																
2. Principal Place of Business - No P.O. Box # 1026 PIERSON DRIVE		3. Mailing Address P.O. Box 877																																																																																																																																	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																																																	
City & State LYNN HAVEN, FLORIDA		City & State LYNN HAVEN, FLORIDA		4. FEI Number 20-5301101																																																																																																																															
Zip 32444		Country P		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent WILSON, CLIFFORD D III 4511 HWY 389 PANAMA CITY, FL 32405		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1026 PIERSON DRIVE City LYNN HAVEN FL Zip Code 32444																																																																																																																																	
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 1/22/08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">P VICKERS, JAMES T</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">P JAMES T. 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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:  JAMES T. VICKERS 1/22/08 850-258-0994 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																			