

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000103926

Entity Name: MAGIC DRAGON, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

350 2ND ST N #2
ST PETERSBURG, FL 33701

New Principal Place of Business:

2795 KIPPS COLONY DRIVE SOUTH #302
GULFPORT, FL 33707

Current Mailing Address:

350 2ND ST N #2
ST PETERSBURG, FL 33701

New Mailing Address:

2795 KIPPS COLONY DRIVE SOUTH #302
GULFPORT, FL 33707

FEI Number: 20-5456697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEFFREY, CORDELL
350 2ND ST N #2
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

JEFFREY, CORDELL
2795 KIPPS COLONY DRIVE SOUTH #302
GULFPORT, FL 33707 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: _____

Electronic Signature of Registered Agent

03/24/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JEFFREY, CORDELL
Address: 350 2ND ST NORTH #2
City-St-Zip: ST PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JEFFREY, CORDELL
Address: 2795 KIPPS COLONY DRIVE SOUTH #302
City-St-Zip: GULFPORT, FL 33707

I hereby certify that the information supplied with this filing does not qualify 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: CORDELL JEFFREY

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date