## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## May 28, 2008 8:00 am Secretary of State 05-01-2008 90190 016 \*\*\*150.00 **DOCUMENT # P06000106276** MAGIC WORKSHOP CORPORATION Principal Place of Business Mailing Address 66012438 138 RAINTREE CIRCLE 138 RAINTREE CIRCLE PALM COAST, FL 32164 PALM COAST, FL 32164 No Chg-P CR2E034 (11/05) 03062008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5388402 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PETROV, OLEKSIY DO NOT WRITE 138 RAINTREE CIRCLE PALM COAST, FL: 32164 IN THIS SPACE 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 FILE NOWIII: FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution. Added to Feet OFFICERS AND DIRECTORS 10. TITLE PETROV, OLEKSIY HAME 138 RAINTREE CIRCLE STREET ADDRESS CTTY-ST-ZIP PALM COAST, FL 32164 ms MARKE STREET ADDRESS CITY-ST-ZIP TIRE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-EP TITLE STREET ADDRESS Q17-51-7P TITLE NAME STREET ADDRESS CITY-ST-7P 12. Thereby 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 cett; 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-offier like empowered. 'n. SIGNATURE:

**FILED** 

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000106276  1. Erdby Name MAGIC WORKSHOP CORPORATION				ATTACHMENT			
Principal Place 138 RABITRE PALM COAST,	E CROLE	Mailing Address 138 RAINTREE CIRCLE PALM COAST, FL 32164		1/0/	(0)12	428	
DO NOT WRITE IN THIS SPACE  6. Manus and Address of Correct Registered Agests				05232008 No Chg-P CRZE034 (11/05)  4. FEI Number Applied For Not Applied For Not Applicable  5. Certificate of Status Desired Status Desired Status Desired Fee Required			
PETROV, OLEKSIY 138 RAINTREE CIRCLE PALM COAST, FL 32164			DO NOT WRITE IN THIS SPACE				
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, tipsed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent agreture required when remaining)  DATE							
FILE NOWER FEE IS \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees							
TIL  UIGE NAME SIMET AUDRESS COV-SI-JP  UMBE RESSE	P PETROV, OLEKSIY 138 RAINTREE CIRCLE PALM COAST, FL 32164	RECTORS	-				
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NAME STREET ADDRESS OTY-ST-ZP							
CIFY-SIT-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 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 an address, with all other like empowered.							
SIGNATURE: 05, 23, 08  SIGNATURE: Date OF PROBLEM OF SECURIS OFFICER OR CONSECTOR Date Of Congress of							