


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90190 016 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P06000106276</b><br>1. Entity Name<br><b>MAGIC WORKSHOP CORPORATION</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>138 RAINTREE CIRCLE<br/>PALM COAST, FL 32164</b> | Mailing Address<br><b>138 RAINTREE CIRCLE<br/>PALM COAST, FL 32164</b> |
|--|--|

**66012438**



03062008 No Chg-P CR2E034 (11/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>20-5388402</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

**DO NOT WRITE IN THIS SPACE**

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br><b>PETROV, OLEKSIY<br/>138 RAINTREE CIRCLE<br/>PALM COAST, FL 32164</b> |
|--|

**DO NOT WRITE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>PETROV, OLEKSIY<br>138 RAINTREE CIRCLE<br>PALM COAST, FL 32164 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date

Daytime Phone #

**05.23.08**

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

ATTACHMENT

|   |   |
|---|---|
| <b>DOCUMENT # P06000106276</b><br>1. Entity Name<br><b>MAGIC WORKSHOP CORPORATION</b> |  |
|---|---|

|  |  |
|--|--|
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05232008 No Chg-P CR2E034 (11/05)

|                                    |                               |
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| 4. FEI Number<br><b>20-5388402</b> | Applied For<br>Not Applicable |
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|   |   |
|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |
|---|---|

**6. Name and Address of Current Registered Agent**

**PETROV, OLEKSIY  
138 RAINTREE CIRCLE  
PALM COAST, FL 32164**

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

**FILE NOW!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|   |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>P<br/>PETROV, OLEKSIY<br/>138 RAINTREE CIRCLE<br/>PALM COAST, FL 32164</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |   |
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05.23.08