2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 04, 2007
Secretary of State

DOCUMENT# P06000146939

Entity Name: MAGNETIC MILES, INC.

Current Principal Place of Business:

5155 SW BIMINI CIR SOUTH
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

5155 SW BIMINI CIR SOUTH
PALM CITY, FL 34990

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MADDEN, JOHN
789 SOUTH FEDERAL HIGHWAY
SUITE 308
STUART, FL 34994 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MILES, STEVEN
Address: 5155 SW BIMINI CIR SOUTH #308
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete
Name: CRISTOFORO, MICHAEL
Address: 5155 SW BIMINI CIR SOUTH #308
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete
Name: ERATO, ROBERT
Address: 5155 SW BIMINI CIR SOUTH #308
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete
Name: ZANFINI, VINCENT
Address: 5155 SW BIMINI CIR SOUTH #308
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete
Name: RUGGIERO, VINCENT
Address: 5155 SW BIMINI CIR SOUTH #308
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete
Name: MADDEN, JOHN
Address: 5155 SW BIMINI CIR SOUTH #308
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: CRISTOFORO, MICHAEL
Address: 5155 SW BIMINI CIR SOUTH
City-St-Zip: PALM CITY, FL 34990

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 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: MICHAEL CRISTOFORO D 07/04/2007

Electronic Signature of Signing Officer or Director — Date