2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000049168

Entity Name: OLYMPUS MGA CORPORATION

FILED Jul 15, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
6675 WESTWOOD BOULEVARD WESTWOOD CENTER 3 ORLANDO, FL 32821				7380 W SAND LAKE ROAD SUITE 115 ORLANDO, FL 32819 US			
Current Mailing Address:				New Mailing Address:			
-							
6675 WESTWOOD BOULEVARD WESTWOOD CENTER 3 ORLANDO, FL 32821				7380 W SAND LAKE ROAD SUITE 115 ORLANDO, FL 32819 US			
FEI Number:	26-0184529	FEI Number Applied For ()	El Num	ber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Na					Name and Address of New Registered Agent:		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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.							
SIGNATUR	RE:						
		c Signature of Registered Agent				Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive t Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	FOX, BARRY	Delete OD BOULEVARD, WESTWOOD CENTE 32821	R 3	Title: Name: Address: City-St-Zip:	FOX, BARRY) Change () Addition LAKE ROAD, SUITE 115 32819 US	
Title: Name: Address: City-St-Zip:	FOX, BARRY	Delete OD BOULEVARD, WESTWOOD CENTE 32821	R 3	Title: Name: Address: City-St-Zip:	FOX, BARRY) Change ()Addition LAKE ROAD, SUITE 115 32819 US	
Title: Name: Address: City-St-Zip:	LOWRY, WILLÍA	OD BOULEVARD, WESTWOOD CENTE	R 3	Title: Name: Address: City-St-Zip:	LOWRY, WILL	LAKE ROAD, SUITE 115	
Title: Name: Address: City-St-Zip:	STENCEL, DANI	OD BOULEVARD, WESTWOOD CENTE	R 3	Title: Name: Address: City-St-Zip:	STENCEL, DAN	LAKE ROAD, SUITE 115	
Title: Name: Address: City-St-Zip:	TERYAZOS, CHI	OD BOULEVARD, WESTWOOD CENTE	R 3	Title: Name: Address: City-St-Zip:	TERYAZOS, CI	LAKE ROAD, SUITE 115	
Title: Name: Address: City-St-Zip:	WACASTER, ST	OD BOULEVARD, WESTWOOD CENTE	R 3	Title: Name: Address: City-St-Zip:	WACASTER, S	LAKE ROAD, SUITE 115	

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: WILLIAM LOWRY DP 07/15/2008