

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000075142

Entity Name: FLY MAGIC, INC.

FILED
Apr 20, 2008
Secretary of State

Current Principal Place of Business:

5948 LOMA VISTA DRIVE WEST
DAVENPORT, FL 33896

New Principal Place of Business:

Current Mailing Address:

5948 LOMA VISTA DRIVE WEST
DAVENPORT, FL 33896

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTOLE, ANDREA
5948 LOMA VISTA DRIVE WEST
DAVENPORT, FL 33896 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BARTOLE, GUSTAVO
Address: 5948 LOMA VISTA DRIVE WEST
City-St-Zip: DAVENPORT, FL 33896

Title: VP () Delete
Name: BARTOLE, URSEL
Address: 5948 LOMA VISTA DRIVE WEST
City-St-Zip: DAVENPORT, FL 33896

Title: SEC () Delete
Name: BARTOLE, URSEL
Address: 5948 LOMA VISTA DRIVE WEST
City-St-Zip: DAVENPORT, FL 33896

Title: TREA () Delete
Name: BARTOLE, GUSTAVO
Address: 5948 LOMA VISTA DRIVE WEST
City-St-Zip: DAVENPORT, FL 33896

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GUSTAVO BARTOLE

MGRM

04/20/2008

Electronic Signature of Signing Officer or Director

_____ Date