

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000048411

FILED  
Apr 04, 2009  
Secretary of State

Entity Name: AUTOMAGICAL SOLUTIONS, INC.

## Current Principal Place of Business:

8848 VILLA VIEW CIRCLE  
#207  
ORLANDO, FL 32821 US

## New Principal Place of Business:

155 MARGATE DR.  
DAVENPORT, FL 33897 US

## Current Mailing Address:

8848 VILLA VIEW CIRCLE  
#207  
ORLANDO, FL 32821 US

## New Mailing Address:

155 MARGATE DR.  
DAVENPORT, FL 33897 US

FEI Number: 26-2611612

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GROSSI, LOUIS II  
8848 VILLA VIEW CIRCLE  
#207  
ORLANDO, FL 32821 US

## Name and Address of New Registered Agent:

GROSSI, LOUIS II  
155 MARGATE DR.  
DAVENPORT, FL 33897 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.

SIGNATURE: \_\_\_\_\_

04/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: GROSSI, LOUIS II  
Address: 8848 VILLA VIEW CIRCLE #207  
City-St-Zip: ORLANDO, FL 32821 US

Title: D ( ) Delete  
Name: GROSSI, LOUIS II  
Address: 8848 VILLA VIEW CIRCLE #207  
City-St-Zip: ORLANDO, FL 32821 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: GROSSI, LOUIS II  
Address: 155 MARGATE DR.  
City-St-Zip: DAVENPORT, FL 33897 US

Title: D (X) Change ( ) Addition  
Name: GROSSI, LOUIS II  
Address: 155 MARGATE DR.  
City-St-Zip: DAVENPORT, FL 33897 US

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: LOUIS V GROSSI II

PVST

04/04/2009

Electronic Signature of Signing Officer or Director

Date