## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000055156

Entity Name: MAGRADON, INC.

P.O. BOX 112

WINTER HAVEN, FL 33882

Address:

City-St-Zip:

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:			New Principal	New Principal Place of Business:	
	IUE C SW, SL HAVEN, FL 33		SUTIE 101	147 AVENUE C SW, SUITE 101 SUTIE 101 WINTER HAVEN, FL 33880	
Current M	lailing Addre	ss:	New Mailing A	New Mailing Address:	
147 AVENUE C SW, SUITE 101 WINTER HAVEN, FL 33880			SUTIE 101	147 AVENUE C SW, SUITE 101 SUTIE 101 WINTER HAVEN, FL 33880	
FEI Number	: 26-2916659	FEI Number Applied For ( )	FEI Number Not Applicable	( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Add	Name and Address of New Registered Agent:	
GRAY, JOHN H JR. 147 AVENUE C SW, SUITE 101 WINTER HAVEN, FL 33880 US			147 AÝENUE C SUITE 101	GRAY, JOHN H JR. 147 AVENUE C SW, SUITE 101 SUITE 101 WINTER HAVEN, FL 33880 US	
	e named entity e of Florida.	submits this statement for the	purpose of changing its reg	gistered office or registered agent, or both,	
SIGNATURE:				05/01/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did nonger	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	MAY, WILLIAN	LEWORTH COURT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( MAY, JAMES I POST OFFICE WINTER HAVE	BOX 112	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GRAY, JOHN I	C SW, SUITE 101	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	D ( DONALSON, J	) Delete OHN R	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JOHN H GRAY JR D 05/01/2009