


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90001 047 ***150.00

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|--|---|---|---|--|--|
| DOCUMENT # P93000037986 1. Entity Name MG WAREHOUSE CORP. | | | |  | |
| Principal Place of Business 1600 NE 12TH TERR FORT LAUDERDALE, FL 33305 US | | | Mailing Address 3164 INVERNESS FORT LAUDERDALE, FL 33332-1816 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 710 Live Oak Plantation Road Suite, Apt. #, etc. | | | |
| City & State | | City & State Tallahassee, Florida | | 4. FEI Number 65-0420130 | |
| Zip 32312-2411 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| - 6. Name and Address of Current Registered Agent NILSEN, RICHARD B 3164 INVERNESS FORT LAUDERDALE, FL 33332-1816 | | | 7. Name and Address of New Registered Agent Name Nilsen, Richard B. Street Address (P.O. Box Number is Not Acceptable) 710 Live Oak Plantation Road City Tallahassee FL Zip Code 32312-2411 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTSD <input type="checkbox"/> Delete NILSEN, RICHARD 3164 INVERNESS FORT LAUDERDALE, FL 333321816 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Nilsen, Richard B. 710 Live Oak Plantation Road Tallahassee, FL 32312-2411 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD <input type="checkbox"/> Delete NILSEN, CANDICE 3164 INVERNESS FORT LAUDERDALE, FL 333321816 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Nilsen, Candice A. 710 Live Oak Plantation Road Tallahassee, FL 32312-2411 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Richard B. Nilsen</u> RICHARD B. NILSEN, PRES 21 FEB 06 850-224-3995 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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