2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 08:00 A Secretary of State DOCUMENT # P93000037986 MG WAREHOUSE CORP. Principal Place of Business Mailing Address 710 LIVE OAK PLANTATION RD 1600 NE 12TH TERR FORT LAUDERDALE, FL 33305 TALLAHASSEE, FL 32312-2411 US The second of the state of the second of the CR2E034 (11/05) 04092007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0420130 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE NILSEN, RICHARD B 710 LIVE OAK PLANTATION RD TALLAHASSEE, FL 32312-2411 IN THIS SPACE The second of the second of the second 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTSD TITLE NAME NILSEN, RICHARD STREET ADDRESS 710 LIVE OAK PLANTATION RD TALLAHASSEE, FL 323122411 CITY-ST-ZIP VD TITLE NAME NILSEN, CANDICE STREET ADDRESS 710 LIVE OAK PLANTATION RD CITY-ST-ZIP TALLAHASSEE, FL 323122411 TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 will an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

27 APR 07 850-224-3949

RICHARD B. NILSEN PRES