### 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

**DOCUMENT # P93000041454** 1. Entity Name MAGIC MARKETING CONCEPTS, INC.



Principal Place of Business

2784 WRIGHTS RD

1000 OVIEDO, FL 32765 Mailing Address

2784 WRIGHTS RD 1000

OVIEDO, FL 32765

# **FILED** Mar 27, 2006 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

03212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3186705

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIVERA, GIOVANNI 4455 OLD BEAR RUN WINTER PARK, FL 32792

SIGNATURE: \

## DO NOT WRITE IN THIS SPACE

|  |   |  | - { |                                |  |
|--|---|--|-----|--------------------------------|--|
| 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |   |  |     |                                |  |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. [NOTE Registered Agent signature required when remetaling) DATE  |   |  |     |                                |  |
|  |   |  |     |                                |  |
| FILE NOW!!! FEE IS \$150,00<br>After May 1, 2008 Fee will be \$550.00  |   | Election Campaign For<br>Trust Fund Contribution         |     | \$5.00 May Be<br>Added to Fees |  |
| 10.  | OFFICERS AND DIREC  | TORS   |     |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>LIVERA, GIOVANNI<br>4455 OLD BEAR RUN<br>WINTER PARK, FL 32792   |  |     |                                | LENDECO ACOREO A   |
| title<br>Name<br>Street address<br>City-St-Zip   |   |  |     |                                | 100000480594<br>04/10/06-8004 <b>9-</b> 01 <b>8 150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |     | DO                             | NOT WRITE  |
| name<br>Street address<br>City-St-Zip  |   |  |     | IN T                           | THIS SPACE   |
| Title<br>Name<br>Street address<br>City-St-Zip   | to the section of the   |  |     |                                |  |
| TITLE<br>MAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | al of the state of the second | १९८ <sup>8</sup> के इस १८ (१४क) १९८ <sup>8</sup> के इसके |     |                                | e e e e e e e e e e e e e e e e e e e                      |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions companied 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 cells; that I am an officer or director of the corporation or the receiver or trusted 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. |   |  |     |                                |  |