## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000006621

Entity Name: ISLAND MAGIC ENTERPRISES, INC.

BOYNTON BEACH, FL 33426

City-St-Zip:

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
4111 N.E.	24TH AVE.			4111 N.E. 24TH AVE.		
SUITE B				SUITE B		
LIGHTHO	USE POINT, FI	_ 33064		LIGHTHOUSE POINT, F	FL 33064	US
Current Mailing Address:				New Mailing Address:		
4111 N.E.	24TH AVE.			4111 N.E. 24TH AVE.		
SUITE B				SUITE B		
LIGHTHO	USE POINT, FI	_ 33064		LIGHTHOUSE POINT, F	FL 33064	US
FEI Number	: 65-0465333	FEI Number Applied For ( )	FEI Nur	nber Not Applicable ( )	Certificat	e of Status Desired ( )
Name and	d Address of C	Surrent Registered Agent:	Name and Address of New Registered Agent:			
LIGHTHO	24TH AVE. USE POINT, FI anamed entity of e of Florida.	_ 33064 US submits this statement for the	purpose o	f changing its registered	office or re	gistered agent, or both,
SIGNATUI	RE:					
Electronic Signature of Registered Agent				Date		
Election Ca	mpaign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	PD ()	Delete		Title: (	) Change (	) Addition
Name:	MCMILLAN, JAI	MES K		Name:	= '	
Address:	4111 N.E. 24TH	— .		Address:		
City-St-Zip:	LIGHTHOUSE F	POINT, FL 33064		City-St-Zip:		
Title:	VP ()	Delete		Title: (	) Change(	) Addition
Name:	MCMILLAN, J. Í	KENT JR		Name:	`	•
Address:	1301 SW 27TH	AVF		Address:		

City-St-Zip:

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: JAMES K. MCMILLAN PD 04/15/2009