

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000006621

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: ISLAND MAGIC ENTERPRISES, INC.

## Current Principal Place of Business:

4111 N.E. 24TH AVE.  
SUITE B  
LIGHTHOUSE POINT, FL 33064

## New Principal Place of Business:

4111 N.E. 24TH AVE.  
SUITE B  
LIGHTHOUSE POINT, FL 33064 US

## Current Mailing Address:

4111 N.E. 24TH AVE.  
SUITE B  
LIGHTHOUSE POINT, FL 33064

## New Mailing Address:

4111 N.E. 24TH AVE.  
SUITE B  
LIGHTHOUSE POINT, FL 33064 US

FEI Number: 65-0465333

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCMILLAN, JAMES K  
4111 N.E. 24TH AVE.  
LIGHTHOUSE POINT, FL 33064 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MCMILLAN, JAMES K  
Address: 4111 N.E. 24TH AVE.  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: VP ( ) Delete  
Name: MCMILLAN, J. KENT JR  
Address: 1301 SW 27TH AVE.  
City-St-Zip: BOYNTON BEACH, FL 33426

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date