## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Mar 02, 2005 08:00 AM Secretary of State

DOCUMENT # P9400009897 1. Entity Name MAGIC BLUE, INC.					Seci	retary o	i State
Principal Place of Business Mailing Address 3218 S. ATLANTIC AVE. 3218 S. ATLANTIC AVE. DAYTONA BEACH SHORES, FL 32118 DAYTONA BEACH SHORES, FL 32118					(Wilk achil Bell antil 20)	ı wakt Nêren intat (bien e	Biif Shaile af 11 lhat
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				01102005 No Chg-P CR2E034 (10/03)  4. FEI Number			
TAL, GIL 3043 S. ATLANTIC AVE#1206 DAYTONA BEACH SHORES, FL 32118			DO NOT WRITE IN THIS SPACE				
8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent.  SIGNATURE  Signature, typed or inted name of registered agent and title if applicable.  (NOTE, Registered Agent signature required					i, in the State of Floi	Ida. I am familiar i	with, and accept
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				00 May Be ed to Fees	.000000 1-20\20\60	247796 30001-017	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAL, GIL 3043 S. ATLANTIC AVE. #1206 DAYTONA BEACH SHORES, FL	310.00		<u>* • • – _ • + · · </u>	tana		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							₽
NAME STREET ADDRESS CITY-ST-ZIP			- Alexander		NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					HIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u> </u>	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		<del></del>			
12. I hereby of indicated of the corp changed,	pertify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ing does not qualify for the exem nd accurate and that my signatu to execute this report as require other like empowered.	nption stated in Sec ure shall have the s ed by Chapter 607,	ction 119.07(3)(i), ame legal effect : Florida Statutes,	Florida Statutes. I t as if made under or and that my name	urther certify that that the that I am an off appears in Block 1	he Information icer or director IO or Block 11 if