2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000056073

Entity Name: MAGASON ENTERPRISES, INCORPORATED

FILED Jun 27, 2009 Secretary of State

Entry Name: MAGAGON ENTEN MODE, INCOM CINAT		
Current Principal Place of Business:	New Principal Place	of Business:
7355 SAMPLE RD CORAL SPRINGS, FL 33065 US		
Current Mailing Address:	New Mailing Address	::
7355 SAMPLE RD CORAL SPRINGS, FL 33065 US		
FEI Number: 65-0611541 FEI Number Applied For() F	El Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:		
DICKERSON, MARIANNE 7355 SAMPLE ROAD CORAL SPRINGS, FL 33065 US		
The above named entity submits this statement for the purpin the State of Florida.	ose of changing its registered	d office or registered agent, or both,
SIGNATURE:		
Electronic Signature of Registered Agent		Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not rec Election Campaign Financing Trust Fund Contribution().	ceive the prior notice.	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:
Title: D () Delete	Title: D	(V) Ohanas () Addition

 Title:
 P
 () Delete

 Name:
 DICKERSON, MARIANNE

 Address:
 7355 SAMPLE RD

City-St-Zip: CORAL SPRINGS, FL 33065

City-St-Zip. COTAL SETTINGS, LE 33003

Title: VP () Delete Name: DICKERSON, GARY

Address: 7355 SAMPLE RD

City-St-Zip: CORAL SPRINGS, FL 33065

Title: P (X) Change () Addition

Name: DICKERSON, MARIANNE

Address: 7355 SAMPLE RD

City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: VP (X) Change () Addition Name: DICKERSON, GARY

Address: 7355 SAMPLE RD

City-St-Zip: CORAL SPRINGS, FL 33065 US

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: MARIANNE DICKERSON P 06/27/2009