

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000013208

Entity Name: MAGIC FLIGHT COMPANY

FILED  
Feb 10, 2007  
Secretary of State

## Current Principal Place of Business:

3343 S KIRKMAN RD  
# 718  
ORLANDO, FL 32811

## New Principal Place of Business:

3139 CAPRI ISLE WAY  
ORLANDO, FL 32835

## Current Mailing Address:

3343 S KIRKMAN RD  
# 718  
ORLANDO, FL 32811

## New Mailing Address:

3139 CAPRI ISLE WAY  
ORLANDO, FL 32835

FEI Number: 59-3428669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DA SILVA ALVES, MAGDALA D  
3343 S KIRKMAN RD  
# 718  
ORLANDO, FL 32811 US

## Name and Address of New Registered Agent:

DA SILVA ALVES, MAGDALA D  
3139 CAPRI ISLE WAY  
ORLANDO, FL 32835 US

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: CLAUDIO DA SILVA ALVES

02/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DA SILVA ALVES, CLAUDIO  
Address: 3343 S KIRKMAN RD # 718  
City-St-Zip: ORLANDO, FL 32811

Title: VPD ( ) Delete  
Name: DA SILVA, MARCIO D  
Address: 3343 S KIRKMAN RD # 718  
City-St-Zip: ORLANDO, FL 32811

Title: TSD ( ) Delete  
Name: DA SILVA ALVES, MAGDALA D  
Address: 3393 S KIRKMAN RD # 718  
City-St-Zip: ORLANDO, FL 32811

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DA SILVA ALVES, CLAUDIO  
Address: 3139 CAPRI ISLE WAY  
City-St-Zip: ORLANDO, FL 32835

Title: VPD (X) Change ( ) Addition  
Name: DA SILVA, MARCIO D  
Address: 3139 CAPRI ISLE WAY  
City-St-Zip: ORLANDO, FL 32835

Title: TSD (X) Change ( ) Addition  
Name: DA SILVA ALVES, MAGDALA D  
Address: 3139 CAPRI ISLE WAY  
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAUDIO DA SILVA ALVES

PD

02/10/2007

Electronic Signature of Signing Officer or Director

Date