## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 29, 2008 8:00 am Secretary of State

ANNUAL REPORT							01-29-2008 90005 044 ***150.00					
DOCUMENT # P97000044911  1. Entity Name MAGIC FACTORY, INC.							[]JUA	0002 044	130.			
Principal Place of Business Mailing Address							400	-				
2335 TAMIAMI TRAIL NORTH			2335 TAMIAMI TRAIL NORTH			Ì	•					
SUITE 301			SUITE 301			1.						
NAPLES, FL 34103			NAPLES, FL 34103									
											TRI I NRI	
2. Principal Pla	ace of Business - No P.C	). Box #	3. Mailin	g Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01112008	Chg-P	CR2E03	4 (12/06)			
City & State			City & State			4. FEI Numbe	·		App	olied For		
							65-0758	3478		Not	Applicable	
Zip	Country		Zip		Coun	try	5. Certificate	of Status Desired		8.75 Addi		
	f. Name and Address	e of Current	• Pogletored	Agant			7 Name and	Address of New E		ee Required	<u> </u>	
<del></del> -	6. Name and Addres	s of Current	r Kegistered	Agent		Name	/. Name and	Address of New F	redizieten w	anr.		
GOLD, DENNIS S ESQ.												
	2335 TAMIAMI TRAIL NORTH						Street Address (P.O. Box Number is Not Acceptable)					
SUITE 301						<b> </b>						
NAPLES, F	L 34103											
						City			FL	Zip Code	•	
8 The above	named entity submits thi	e etalament f	for the outpo	see of changing its	rogistor	ed affice or registr	ered agent, or hot	h in the State of El		miliar with	and accept	
the obligation	ions of registered agent.	o statement i	ioi tile parpo	se of Changing its	register	ed office or regist	ered agent, or bor	ii, iii tile State of i	Olioa, Tain k	2111111521 491(11, 2	and accept	
	± + ∑±4											
SIGNATURE_	Signature, typed or printed name	of registered agen	of and little if annii	cable (NO)	F: Recistors	ed Agent signature requir	red what reinstation)		DATE			
	ong acciding provider to the	o. registores ager	The latest place in dipple	Cable. (NO)	I., nogator	ou rige it algrena is equi	CO WINCELLOW OF	<del></del>				
	E NOW!!! FEE IS \$ ay 1, 2008 Fee wil			Election Campa     Trust Fund Con			5.00 May Be ided to Fees					
10.		FFICERS ANI	D DIRECTOR	38	11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE :	D .			☐ Delete	TITE					Change	Addition	
NAME						ME						
STREET ADDRESS 2335 TAMIAMI TRAIL NORTH, #301					STR	REET ADDRESS						
CITY-ST-ZIP	NAPLES, FL 34103	;			CIT	Y-S1-ZIP						
TITLE	Р			☐ Delete	TITI	LE .				☐ Change	Addition	
NAME	BAUMGARTNER, P			NAJ	ME							
STREET ADDRESS 2335 TAMIAMI TRAIL NO SUI			TE 301		STR	REET ADDRESS						
CITY-ST-ZIP	NAPLES, FL 34103	l			CIT	Y-ST-ZIP						
TITLE	ST			☐ Delete	ŤΠ	LE .				☐ Change	☐ Addition	
NAME	BAUMGARTNER, F	ROSMARIE		_ 55.00	NA	į.						
STREET ADDRESS	2335 TAMIAMI TRA	IL NORTH	SUITE 301		\$11	REET ADDRESS						
CITY-ST-ZIP	NAPLES, FL 34103	3			CIT	TY-ST-ZIP	,					
TITLE				☐ Delete	101	LE				☐ Change	Addition	
NAME					NA	ME						
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NAME						AME						
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CITY-ST-ZIP	Ì				디	ITY-ST-ZIP						
	<u> </u>											
	certify that the information	on supplied v	with this filing	does not qualify	for the e	exemptions contain	ned in Chapter 1	19, Florida Statutes	s. I further cer	tify that the	information	
12. I hereby indicated	L certify that the information on this report or supple orporation or the receiver	on supplied verbental repo or trustee er	with this filing ort is true and mpowered to	does not qualify accurate and that execute this repo	for the e t my sign ort as rec	exemptions containature shall have to quired by Chapter	ined in Chapter 1 the same legal effe 607, Florida Statu	<ol> <li>Florida Statutes</li> <li>as if made under tes; and that my na</li> </ol>	s. I further cer er oath; that I ame appears	tify that the am an office in Block 10 o	information or director or Block 11 if	
12. I hereby indicated	r certify that the information of on this report or supple orporation or the receiver d, or on an attachment w	on supplies erpental repo or trustee er ith an addres	with this filing ort is true and mpowered to ss, with all ot	does not qualify accurate and ha execute this repo her like entrement	for the e t my sign ort as rec	exemptions containature shall have to quired by Chapter	ined in Chapter 1 he same legal effe 607, Florida Statu	19, Florida Statutes ect as if made unde tes; and that my na	s. I further cer er oath; that I ame appears	tify that the am an office in Block 10 o	information or or director or Block 11 if	
12. I hereby indicated	d, or on an attachment w	on supplied verbenial reportrusteg ei ith an address	with this filing ort is true and mpowered to ss, with all ot	does not qualify accurate and ma execute this repo her like entroyer	for the e t my sign ort as rec	1		19, Florida Statutes act as if made under tes; and that my nate irector			. Št	