


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000071922
1. Entity Name
MAG DEVELOPMENT CO., INC.



Principal Place of Business Mailing Address
501 N ORLANDO AVE, SUITE 233 501 N ORLANDO AVE, SUITE 233
WINTER PARK, FL 32789 WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3470151 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GHANDOUR, AHMAD
2880 ASHTON TERRACE
OVIEDO, FL 32765

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GHANDOUR, AHMAD 501 N ORLANDO AVE, SUITE 233 WINTER PARK, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GHANDOUR, NASEEM 2880 ASHTON TERRACE OVIEDO, FL 32765
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04/11/05-80065-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ahmad Ghandour* 4-7-05 407 3665767.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #