2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# P98000038174

Entity Name: MAGULLA, INC.

Current Principal Place of Business:

3340 NE 190TH ST
#106
AVENTURA, FL 33180 US

New Principal Place of Business:

86055 COURTNEY ISLES WAY
#8104
YULEE, FL 32097 US

Current Mailing Address:

3340 NE 190TH ST
#106
AVENTURA, FL 33180 US

New Mailing Address:

86055 COURTNEY ISLES WAY
#8104
YULEE, FL 32097 US

FEI Number: 65-0837736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GULLIA MD, EMIL
3340 NE 190TH ST
#106
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

GULLIA MD, EMIL
86055 COURTNEY
#8104
YULEE, FL 32097 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: EMIL GUILLA MD 03/19/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: GULLIA, EMIL M MD
Address: 3340 NE 190TH STREET
City-St-Zip: MIAMI, FL 33180

Title: VP/T ( ) Delete
Name: GULLIA, FRANCES E
Address: 3340 NE 190TH STREET
City-St-Zip: MIAMI, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: GULLIA, EMIL M MD
Address: 86055 COURTNEY ISLES WAY APT. 8104
City-St-Zip: YULEE, FL 32097

Title: VP/T (X) Change ( ) Addition
Name: GULLIA, FRANCES E
Address: 86055 COURTNEY ISLES WAY APT. 8104
City-St-Zip: YULEE, FL 32097

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: EMIL GULLIA MD PRES 03/19/2009
Electronic Signature of Signing Officer or Director Date