2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY - ST - ZIP

SIGNATURE:

Apr 27, 2005 08:00 AM Secretary of State **DOCUMENT # P99000005137** 1. Entity Name MAGIC4KIDS, INC. Principal Place of Business Mailing Address 3201 BLUFF BOULEVARD 3201 BLUFF BOULEVARD HOLIDAY, FL 34691 HOLIDAY, FL 34691 CR2E034 (10/03) 04152005 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3580120 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SKIPPER, CURTIS H DO NOT WRITE 5653 MAIN ST NEW PORT RICHEY, FL 34652 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. typed or printed name of registered agent and take if applicable (NOTE, Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME DUNN, JUDI 3201 BLUFF BOULEVARD STREET ADDRESS CITY-ST-ZIP HOLIDAY, FL 34691 U00000335030 04/27/05-80070-010 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TIT! F STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #