2008 FOR PROFIT CORPORATION ANNUAL REPORT

N FILED Apr 24, 2008 08:00 AN Secretary of State

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DOCUMENT # P99000056558 1. Entity Name MAJESTIC KINGDOM, INC.				Secretary of State			
Principal Plac 6710 WINKL SUITE 5 FORT MYERS	ER ROAD	Mailing Address 6710 WINKLER ROAD SUITE 5 FORT MYERS, FL 33919 US	S		1 18/10 18/11 18/11 8 8/11 8 8/11		
D	O NOT WRITE	CE	04172008 4. FEI Number 65-093	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required		
	6. Name and Address of Current Reg	istered Agent		•			
SUITE 5	CAROLE KLER ROAD ERS, FL 33919	DO NOT WRITE 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.							
Old Williams	Signature, typed or printed hame of registered agent and to	d Agent signature raquired	od when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND DIR	ECTORS					-
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD MCQUINN, RON 7980 DENI DRIVE N FORT MYERS, FL 33917				U0000 05/13/08	0917773 -80054-	021 150.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS				DO	NOT W	RITF	
CITY-ST-ZIP 11TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ess			IN THIS SPACE			
NAME	,						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> RON MC DO INN NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08

239-275-5225

Daytime Phone #