
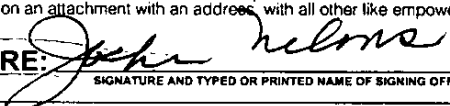


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90224 044 ***150.00

DOCUMENT # P99000065094			
1. Entity Name MAG MAX, INC.			
Principal Place of Business 5609 NW 84 TERR FORT LAUDERDALE, FL 33351 US		Mailing Address 5609 NW 84 TERR FORT LAUDERDALE, FL 33351 US	
2. Principal Place of Business 8301 W. McNab Rd Suite, Apt. #, etc.		3. Mailing Address Same AS #2 Suite, Apt. #, etc.	
City & State Tamarac, Fl		City & State	
Zip 33321		Country	
4. FEI Number 65-0937098		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NELMS, JOHN 5609 NW 84 TERR FORT LAUDERDALE, FL 33351		7. Name and Address of New Registered Agent Name NELMS, JOHN Street Address (P.O. Box Number is Not Acceptable) 901 S.E. 7th Ct. Deerfield Beach, Fl 33441 City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELMS, JOHN <input type="checkbox"/> Delete 6043 KIMBERLY BLVD SUITE SUITE J NORTH LAUDERDALE, FL 33068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NELMS, JOHN D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 901 S.E. 7th Ct. Deerfield Beach, Fl 33441 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 4-29-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

40081881



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