2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000104523

1. Entity Name
THE MAGIC FOREST LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
170 OLD KINGS RD SOUTH FLAGLER BEACH, FL 32136	170 OLD KINGS ROAD SOUTH FLAGLER BEACH, FL 32136

DO NOT WRITE IN THIS SPACE

01142008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3613981		Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MEDNIKOV, IRENE
29 LAGARE ST
PALM COAST, FL 32137

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing ☐ **$5.00** May Be Trust Fund Contribution. ☐ Added to Fees

U00000791272
01/23/08-80068-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	SHEVCHENKO, INNA
STREET ADDRESS	57 N WATERVIEW DR
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	AP
NAME	MEDNIKOV, IRENE
STREET ADDRESS	29 LAGARE STREET
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _X. medr Irene Mednikov, Vice President 01/15/08 386-439-9485_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #