

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000104523

FILED
Mar 13, 2009
Secretary of State

Entity Name: THE MAGIC FOREST LEARNING CENTER, INC.

Current Principal Place of Business:

170 OLD KINGS RD SOUTH
FLAGLER BEACH, FL 32136

New Principal Place of Business:

Current Mailing Address:

170 OLD KINGS ROAD SOUTH
FLAGLER BEACH, FL 32136

New Mailing Address:

FEI Number: 59-3613981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDNIKOV, IRENE
29 LAGARE ST
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

SHEVCHENKO, INNA
57 N.WATERVIEW DR.
PALM COAST, FL 32137 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: INNA SHEVCHENKO

03/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHEVCHENKO, INNA
Address: 57 N WATERVIEW DR
City-St-Zip: PALM COAST, FL 32137

Title: AP () Delete
Name: MEDNIKOV, IRENE
Address: 29 LAGARE STREET
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: INNA SHEVCHENKO

D

03/13/2009

Electronic Signature of Signing Officer or Director

Date