

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V04076

Entity Name: INCORPORATED MAGI

FILED
Apr 13, 2007
Secretary of State

Current Principal Place of Business:

239 - 64TH STREET
HOLMES BEACH, FL 34217 US

New Principal Place of Business:

Current Mailing Address:

239 - 64TH STREET
HOLMES BEACH, FL 34217 US

New Mailing Address:

FEI Number: 65-0304050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOEQUIST, CHARLES E.
3101 MAGUIRE BLVD
STE 101
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

ZAHN, WALTER
241 - 64TH STREET
HOLMES BEACH, FL 34217 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: WALTER ZAHN

04/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BALDASSARI, GARY F.,
Address: 239 - 64TH STREET
City-St-Zip: HOLMES BEACH, FL 34217 US

Title: STD () Delete
Name: BALDASSARI, ANN W.,
Address: 239 - 64TH STREET
City-St-Zip: HOLMES BEACH, FL 34217 US

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 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: ANN W. BALDASSARI

STD

04/13/2007

Electronic Signature of Signing Officer or Director

Date