2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 10, 2007 8:00 am Secretary of State **DOCUMENT # V48275** 05-10-2007 90020 025 ***150 00 MAGNET MAKERS, INC. 401000m* Principal Place of Business Mailing Address 625 LONDON RD 625 LONDON RD WINTER PARK, FL 32792 WINTER PARK, FL 32792 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05012007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3129375 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BIDDIX, FLOYD NED Street Address (P.O. Box Number is Not Acceptable) 625 LONDON RD WINTER PARK, FL 32792 City 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition BIDDIX, FLOYD NED MAME NAME STREET ADDRESS 625 LONDON ROAD STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32792 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change ☐ Addition BIDDIX, CHERYL NAME NAME STREET ADDRESS 625 LONDON PARK STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32792 CITY-ST-ZIP ST TITLE ☐ Defete ☐ Change ■ Addition BIDDIN, FRANCES NAME NAME STREET ADDRESS 625 LONDON BLVD STRFET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32792 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED