

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003275

FILED
Feb 11, 2009
Secretary of State

Entity Name: MAGDALEN HOLDINGS, INC.

Current Principal Place of Business:

5326 YACHT HAVEN GRANDE, SUITE 201
ST THOMAS, 00801 VI

New Principal Place of Business:

5326 YACHT HAVEN GRANDE, SUITE 201
ST THOMAS, VI 00801 VI

Current Mailing Address:

PO BOX 7939
ST THOMAS, 00801 VI

New Mailing Address:

PO BOX 7939
ST THOMAS, VI 00801 VI

FEI Number: 66-0694913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NIUNIU, JI
Address: 5326 YACHT HAVEN GRANDE, SUITE 201
City-St-Zip: ST THOMAS, 00801 VI

Title: S () Delete
Name: BAKER, DALE
Address: 5326 YACHT HAVEN GRANDE, SUITE 201
City-St-Zip: ST THOMAS, 00801 VI

Title: T () Delete
Name: BRANT, MICHAEL
Address: 5326 YACHT HAVEN GRANDE, SUITE 201
City-St-Zip: ST THOMAS, 00801 VI

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: HOMER APPLEBY

ATTY

02/11/2009

Electronic Signature of Signing Officer or Director

_____ Date