

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 18, 2006  
Secretary of State**

DOCUMENT# N05000002831

Entity Name: MEGA VISION, INC.

**Current Principal Place of Business:**

2759 NW 196TH STREET  
MIAMI GARDENS, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

2759 NW 196TH STREET  
MIAMI GARDENS, FL 33056

**New Mailing Address:**

FEI Number: 20-2553796      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TUCKER, TIFOHANIE I  
2759 NW 196TH STREET  
MIAMI GARDENS, FL 33056      US

**Name and Address of New Registered Agent:**

TUCKER, TIFPHANIE I  
2759 NW 196TH STREET  
MIAMI GARDENS, FL 33056      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: TIFPHANIE TUCKER      04/18/2006  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: CLARKE, PETER  
Address: 6101 SW 41ST STREET  
City-St-Zip: MIRAMAR, FL 33023

Title: D      ( ) Delete  
Name: BRYANT, DONNA  
Address: 1203 RIVERSIDE DR  
City-St-Zip: LAKE WORTH, FL 33463

Title: D      ( ) Delete  
Name: HEPBURN, VENICE  
Address: 3599 SW 69TH WAY  
City-St-Zip: MIRAMAR, FL 33023

**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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIFPHANIE TUCKER      RA      04/18/2006  
Electronic Signature of Signing Officer or Director      Date