


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 A
Secretary of State

DOCUMENT # F97000006551 1. Entity Name EVGA CORPORATION	
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Principal Place of Business % JACQUELYN S. HESS, CPA 37000 GRAND RIVER AVE. SUITE 130 FARMINGTON HILLS, MI 48335-2881	Mailing Address % JACQUELYN S. HESS, CPA 37000 GRAND RIVER AVE. SUITE 130 FARMINGTON HILLS, MI 48335-2881
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02172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3383555	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GYONGYOSI, EVA
TWO OCEAN LANE
MANALAPAN, FL 33462**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000661207 03/20/07-80030-014 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC GYONGYOSI, EVA 25900 ROMANY WAY FRANKLIN, MI 48025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVC KARP, GABRIELLA 6635 PLEASANT LAKE COURT WEST BLOOMFIELD, MI 48322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KARP, ALEXANDER 6635 PLEASANT LAKE COURT WEST BLOOMFIELD, MI 48322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GYONGYESI, JOSEPH 25900 ROMANY WAY FRANKLIN, MI 48025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:  **EVA GYONGYOSI** **3-2-07** **561.582-9403**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #