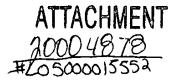
2006 LIMITED LIABILITY COMPANY

FILED Feb 03, 2006 8:00 am Secretary of State **ANNUAL REPORT**

02-03-2006 90082 047 ****50.00 DOCUMENT # L05000015552 MEGAPIXELPRO LLC **₩**₩₩₩₩₩ Mailing Address Principal Place of Business 9742 DOGWOOD RIDGE RUN 9742 DOGWOOD RIDGE RUN ORLANDO, FL 32829 ORLANDO, FL 32829 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/05) 01062006 Chg-LLC City & State City & State 4. FEI Number Applied For Not Applicable 52-2451557 Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired \Box 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MUSTOE, JODI K ESQUIRE COX & ROUSE, P.A. Street Address (P.O. Box Number is Not Acceptable) 240 LOOKOUT PLACE MAITLAND, FL 32751 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, typed or printed name of registered agent and title if applicable Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10 MGR ☐ Addition TITLE TITI F Change ☐ Delete NAME SWEENEY, DANIEL NAME 9742 DOGWOOD RIDGE RUN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32829 CITY-ST-ZIP MGRM ☐ Delete ☐ Change Addition TITLE DE ARMAS, ADALBERTO NAME NAME STREET ADDRESS 9742 DOGWOOD RIDGE RUN STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32829 CITY-ST-ZIP Delete TITLE MGRM ☐ Change 又又 Addition TITLE NAME Tricia Sweeney STREET ADDRESS STREET ADDRESS 9742 Dogwood Ridge Run Orlando, FL 32829 CITY-ST-ZIP CITY-ST-ZIP Change XIX Addition Delete TITLE MGRM TITLE NAME NAME Kellie De Armas STREET ADDRESS STREET ADDRESS 9742 Dogwood Ridge Run CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32829 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that 1 am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



COX & ROUSE, P.A.

ATTORNEYS AT LAW

KEEWIN LEXINGTON PARK 240 LOOKOUT PLACE MAITLAND, FLORIDA 32751

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PAMELA J. COX JODI K. MUSTOE MICHAEL D. ROUSE*

*Board Certified in Workers' Compensation

February 1, 2006

Florida Department of State Division of Corporations PO Box 6478 Tallahassee, FL 32314

RE: MegaPixelPro LLC

Sincerely,

Jodi K. Mustoe

Dear Sir/Madam:

Enclosed for filing is a completed 2006 Limited Liability Company Annual Report along with check number 6144 in the amount of \$50.00. Should you have any questions or comments, please do not hesitate to contact me.

JKM:gcr Enclosures

cc: Daniel Sweeney