


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-03-2006 90082 047 ****50.00

DOCUMENT # L05000015552	
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Principal Place of Business 9742 DOGWOOD RIDGE RUN ORLANDO, FL 32829	Mailing Address 9742 DOGWOOD RIDGE RUN ORLANDO, FL 32829
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

00001070



01062006 Chg-LLC CR2E083 (11/05)

4. FEI Number 52-2451557	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MUSTOE, JODI K ESQUIRE COX & ROUSE, P.A. 240 LOOKOUT PLACE MAITLAND, FL 32751	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWEENEY, DANIEL 9742 DOGWOOD RIDGE RUN ORLANDO, FL 32829 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE ARMAS, ADALBERTO 9742 DOGWOOD RIDGE RUN ORLANDO, FL 32829 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Tricia Sweeney 9742 Dogwood Ridge Run Orlando, FL 32829 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kellie De Armas 9742 Dogwood Ridge Run Orlando, FL 32829 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 I 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: Daniel Sweeney **DATE:** 1/15/06 **DAYTIME PHONE #:** 407-277-7568

ATTACHMENT
20004878
#205000015552

COX & ROUSE, P.A.

ATTORNEYS AT LAW

KEEWIN LEXINGTON PARK
240 LOOKOUT PLACE
MAITLAND, FLORIDA 32751

E-mail: jodi@coxandrouse.com

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

TELE: (407) 644-5225
FAX: (407) 644-2866

*Board Certified in
Workers' Compensation

February 1, 2006

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

RE: MegaPixelPro LLC

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.

Sincerely,


Jodi K. Mustoe

JKM:gcr
Enclosures
cc: Daniel Sweeney