

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000015552 1. Entity Name MEGAPIXELPRO LLC	
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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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DO NOT WRITE IN THIS SPACE



02082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 52-2451557	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
MUSTOE, JODI K ESQUIRE COX & ROUSE, P.A. 240 LOOKOUT PLACE MAITLAND, FL 32751	

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

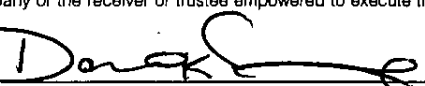
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWEENEY, DANIEL 9742 DOGWOOD RIDGE RUN ORLANDO, FL 32829
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE ARMAS, ADALBERTO 9742 DOGWOOD RIDGE RUN ORLANDO, FL 32829
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SWEENEY, TRICIA 9742 DOGWOOD RIDGE RUN ORLANDO, FL 32829
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE ARMAS, KELLIE 9742 DOGWOOD RIDGE RUN ORLANDO, FL 32829
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000641387
02/28/07-80106-004 50.00

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** **2/9/07** **407-277-7568**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #