2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P00000106643

Entity Name: MEGASWAP, INC.

Current Principal Place of Business:

1147 S. MCCALL RD.
ENGLEWOOD, FL 34223

New Principal Place of Business:

3412 YARROW STREET
PORT CHARLOTTE, FL 33981

Current Mailing Address:

1147 S. MCCALL RD.
ENGLEWOOD, FL 34223

New Mailing Address:

P.O. BOX 27141
EL JOBEAN, FL 33927

FEI Number: 65-1059941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKECKLER, BRYAN
3412 YARROW ST
PT CHARLOTTE, FL 33981 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SHECKLER, BRYAN J
Address: PO BOX 27276
City-St-Zip: EL JOBEAN, FL 33927

Title: DS ( ) Delete
Name: SHECKLER, MONICA A
Address: PO BOX 27276
City-St-Zip: EL JOBEAN, FL 33927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SHECKLER, BRYAN J
Address: PO BOX 27141
City-St-Zip: EL JOBEAN, FL 33927

Title: DS (X) Change ( ) Addition
Name: SHECKLER, MONICA A
Address: PO BOX 27141
City-St-Zip: EL JOBEAN, FL 33927

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA SHECKLER DP 04/30/2004

Electronic Signature of Signing Officer or Director — Date