2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000043668

1. Entity Name
MEGAPRINTS, INC.

4UUO4110

Principal Place of Business	Mailing Address
516 OSPREY LAKE CIRCLE CHULUOTA, FL 32766	516 OSPREY LAKE CIRCLE CHULUOTA, FL 32766

02152005   Chg-P   CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
700b Stapoint Ct.	700b Stapoint Ct.
Suite, Apt. #, etc. Suite C	Suite, Apt. #, etc. Suite C
City & State Winter Park, FL	City & State Winter Park, FL
Zip 32792 Country USA	Zip 32792 Country USA

4. FEI Number
54-2107899
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MALLOY, STEVE 516 OSPREY LAKE CIRCLE CHULUOTA, FL 32766	Name Malloy, Steve Street Address (P.O. Box Number is Not Acceptable) 10267 Hart Branch Circle City Orlando FL Zip Code 32832

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	MALLOY, STEVE		NAME	Malloy, Steve	
STREET ADDRESS	516 OSPREY LAKE CIRCLE		STREET ADDRESS	10267 Hart Branch Circle	
CITY-ST-ZIP	CHULUOTA, FL 32766		CITY-ST-ZIP	Orlando, FL 32832	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ Steve Malloy   4-19-05   407-977-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #