

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000043668

1. Entity Name  
MEGAPRINTS, INC.



Principal Place of Business  
7006 STAPPOINT COURT  
SUITE C  
WINTER PARK, FL 32792

Mailing Address  
7006 STAPPOINT COURT  
SUITE C  
WINTER PARK, FL 32792

**DO NOT WRITE IN THIS SPACE**

**FILED  
Aug 30, 2007 8:00 am  
Secretary of State**

08-30-2007 90002 030 \*\*\*150.00

40130771



08252007 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2107899	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALLOY, STEVE  
105 ROSA BELLA VIEW  
DEBARY, FL 32713

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when translating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MALLOY, STEVE  
STREET ADDRESS 105 ROSA BELLA VIEW  
CITY-ST-ZIP DEBARY, FL 32713

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/27/07 407-977-6600