

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049513

FILED  
Jan 13, 2006  
Secretary of State

Entity Name: MEGA THERAPY CENTER INC.

**Current Principal Place of Business:**

100 NW 82ND AVE.  
SUITE 204-205  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

100 NW 82ND AVE.  
SUITE 204-205  
PLANTATION, FL 33324

**New Mailing Address:**

FEI Number: 20-0014724      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIGAL, GREGORY  
100 NW 82 AVE. SUITE 204-205  
PLANTATION, FL 33324    US

**Name and Address of New Registered Agent:**

ERNESTO, MONTANER  
100 NW 82 AVE. SUITE 204-205  
PLANTATION, FL 33324    US

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: ERNESTO MONTANER      01/13/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:            D            ( ) Delete  
Name:            SIGAL, GREGORY  
Address:        100 NW 82ND AVE., SUITE 204-205  
City-St-Zip:    PLANTATION, FL 33324

Title:            D            ( ) Delete  
Name:            KORSUNSKIY, ALEKSANDR  
Address:        100 NW 82ND AVE., SUITE 204-205  
City-St-Zip:    PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            D            (X) Change ( ) Addition  
Name:            ERNESTO, MONTANER  
Address:        100 NW 82ND AVE., SUITE 204-205  
City-St-Zip:    PLANTATION, FL 33324

Title:            P            (X) Change ( ) Addition  
Name:            NIURKA, RASCO  
Address:        100 NW 82ND AVE., SUITE 204-205  
City-St-Zip:    PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ERNESTO MONTANER      D      01/13/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date