2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000049513

Entity Name: MEGA THERAPY CENTER INC.

FILED Jan 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

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

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

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

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: **PSTD** (X) Change () Addition ERNESTO, MONTANER ERNESTO, MONTANER Name: Name:

100 NW 82ND AVE., SUITE 204-205 100 NW 82ND AVE., SUITE 204-205 Address: Address:

City-St-Zip: PLANTATION, FL 33324 City-St-Zip: PLANTATION, FL 33324

Title: (X) Delete Title: () Change () Addition

Name: NIURKA, RASCO Name: 100 NW 82ND AVE., SUITE 204-205 Address: Address: PLANTATION, FL 33324 City-St-Zip: City-St-Zip:

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 **PSTD** 01/27/2006