2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099528

ORLANDO, FL 32819

City-St-Zip:

Apr 12, 2004 Secretary of State

Entity Name: MEGAPREPAID, INC. **Current Principal Place of Business: New Principal Place of Business:** 4980 EAGLESMERE DR #1033 ORLANDO, FL 32819 **New Mailing Address: Current Mailing Address:** 4980 EAGLESMERE DR #1033 ORLANDO, FL 32819 FEI Number: 56-2396809 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: DGHIRNI, ABDELHAMID 4980 EAGLESMERE DR #1033 ORLANDO, FL 32819 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HAJJOUCHI, ABDESSAMAD Name: Name: 4980 EAGLESMERE DR #1033 Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: () Delete Title: () Change () Addition Name: DGHIRNI, ABDELHAMID Name: 4980 EAGLESMERE DR #1033 Address: Address:

City-St-Zip:

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.

Ρ SIGNATURE: ABDESSAMAD HAJJOUCHI 04/12/2004