

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90109 040 \*\*\*150.00

**DOCUMENT # P03000099528**

1. Entity Name  
**MEGAPREPAID, INC.**



Principal Place of Business  
**4980 EAGLESMERE DR  
#1033  
ORLANDO, FL 32819**

Mailing Address  
**4630 S. KIRKMAN ROAD  
SUITE 231  
ORLANDO, FL 32811**



02282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-2396809**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DGHIRNI, ABDELHAMID  
4980 EAGLESMERE DR  
#1033  
ORLANDO, FL 32819**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **HAJJOUCHI, ABDESSAMAD**  
STREET ADDRESS **4980 EAGLESMERE DR #1033**  
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE **V**  
NAME **DGHIRNI, ABDELHAMID**  
STREET ADDRESS **4980 EAGLESMERE DR #1033**  
CITY-ST-ZIP **ORLANDO, FL 32819**

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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 an address, with all other like empowered.

**SIGNATURE:**

*Hajjouchi*

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/06**

Date

Daytime Phone #