2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# P03000099528

Entity Name: MEGAPREPAID, INC.

Current Principal Place of Business:

4980 EAGLESMERE DR
#1033
ORLANDO, FL 32819

New Principal Place of Business:

4980 EAGLESMERE DR
#1033
ORLANDO, FL 32819 US

Current Mailing Address:

4630 S. KIRKMAN ROAD
SUITE 231
ORLANDO, FL 32811

New Mailing Address:

4630 S. KIRKMAN ROAD
SUITE 231
ORLANDO, FL 32811 US

FEI Number: 56-2396809 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DGHIRNI, ABDELHAMID
4948 EAGLESMERE DR
#623
ORLANDO, FL 32819 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: ABDELHAMID DGHIRNI 03/05/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HAJJOUCHI, ABDESSAMAD
Address: 4980 EAGLESMERE DR #1033
City-St-Zip: ORLANDO, FL 32819

Title: V ( ) Delete
Name: DGHIRNI, ABDELHAMID
Address: 4980 EAGLESMERE DR #1033
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HAJJOUCHI, ABDESSAMAD
Address: 4980 EAGLESMERE DR #1033
City-St-Zip: ORLANDO, FL 32819 US

Title: V (X) Change ( ) Addition
Name: DGHIRNI, ABDELHAMID
Address: 4948 EAGLESMERE DR #623
City-St-Zip: ORLANDO, FL 32819 US

I hereby certify that the information supplied with this filing does not qualify 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: ABDELHAMID DGHIRNI P 03/05/2009
Electronic Signature of Signing Officer or Director Date