

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90298 036 \*\*\*150.00

<b>DOCUMENT # P04000003735</b> 1. Entity Name <b>MEGA PRO AUDIO, INC.</b>					
Principal Place of Business <b>6649 AMORY COURT SUITE 9 WINTER PARK, FL 32797</b>			Mailing Address <b>6649 AMORY COURT SUITE 9 WINTER PARK, FL 32797</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-0976964</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MCKENNA, DAVID B 671 BLACK HAWK CT. LAKE MARY, FL 32746</b>				7. Name and Address of New Registered Agent Name <b>MCKENNA, DAVID B.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3045 ASHFORD PARK PLACE</b>  City <b>OVIEDO</b>	
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.				Zip Code <b>FL 32765</b>	
SIGNATURE <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small>				DATE <b>4/26/06</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCKENNA, DAVID B</b> <b>671 BLACK HAWK CT.</b> <b>LAKE MARY, FL 32746</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <b>President</b>					
Date <b>4/26/06</b> Daytime Phone # <b>(407) 687-0269</b>					