2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 12, 2006 8:00 am Secretary of State DOCUMENT # P04000120541 04-12-2006 90069 009 ***150.00 MEGA JAKE CORPORATION Principal Place of Business Mailing Address 6686 JOG PALM DRIVE 6686 JOG PALM DRIVE 40040406 BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 20-1518929 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WANIO, CHARLES C 6686, JOG PALM DRIN€ Street Address (P.O. Box Number is Not Acceptable) BOYNTON BEACH, FE133437 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees **OFFICERS AND DIRECTORS** 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WANIO, CHARLES C NAME 6686 JOG PALM DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33437 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 attackment with an activess, with all other like empowered.

FILED

TRUES (WANIO4/5/06561 3733)51