2008 FOR PROFIT CORPORATION ANNUAL REPORT

- Mar 28, 2008 08:00 Al **Secretary of State** DOCUMENT # P04000120541 1. Entity Name MEGA JAKE CORPORATION Principal Place of Business Mailing Address 6686 JOG PALM DRIVE 6686 JOG PALM DRIVE BOYNTON BEACH, FL 33437 US BOYNTON BEACH, FL 33437 03152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1518929 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required . 6. Name and Address of Current Registered Agent DO NOT WRITE WANIO, CHARLES C 6686 JOG PALM DRIVE BOYNTON BEACH, FL 33437 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 U00000872963 34/18/88-8888-882-150.08 10. OFFICERS AND DIRECTORS TITLE WANIO, CHARLES C NAME 6686 JOG PALM DRIVE STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33437 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 attachment with an address, with all other the empowered

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #

FILED