## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000022821

Entity Name: MEGAFUNSLIDES INC

FILED Jan 15, 2006 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	WOOD COV RTH, FL 334				
Current Mailing Address:			New Mailing Address:		
	WOOD COV RTH, FL 334				
FEI Number:	56-2500570	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:	
	AN, RIAAN NTON PLAC BEACH, FL				
The above in the State		submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	E:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Cam	paign Financii	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TIMMERMAN, 10461 BOYNT	) Delete RIAAN ON PLACE CIRCLE ACH, FL 33437	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	GOWER-WIN 1752 BANYAN	) Delete TER, ERROL D I CREEK COURT ACH, FL 33436	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	OBERHOLZE	OOD COVE CT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: RIAAN TIMMERMAN P 01/15/2006