# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000056445

1. Entity Name
MEGA POWER INTERNATIONAL, INC.

**FILED**
**Jul 10, 2008 08:00 AM**
**Secretary of State**

| Principal Place of Business | Mailing Address |
|---|---|
| 330 SCARLET BLVD<br>OLDSMAR, FL 34677 US | 330 SCARLET BLVD<br>OLDSMAR, FL 34677 US |

07092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
20-2687691
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GLASER, DAVID
330 SCARLET BLVD
OLDSMAR, FL 34677

**DO NOT WRITE 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)

**FILE NOW!!! FEE IS $150.00**
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | GLASER, DAVID |
| STREET ADDRESS | 330 SCARLET BLVD |
| CITY-ST-ZIP | OLDSMAR, FL 34677 |
| TITLE | VP |
| NAME | ESTERLINE, OLEN |
| STREET ADDRESS | 330 SCARLET BLVD |
| CITY-ST-ZIP | OLDSMAR, FL 34677 |
| TITLE | D |
| NAME | TAYLOR, TERRANCE |
| STREET ADDRESS | 3108 CENTRAL DR |
| CITY-ST-ZIP | PLANT CITY, FL 33567 |
| TITLE | D |
| NAME | MCGRIFF, ROY |
| STREET ADDRESS | 10692 QUAIL RIDGE DR |
| CITY-ST-ZIP | PONTE VERDE, FL 32081 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000954066
07/10/08-80008-026 150.00

**DO NOT WRITE IN THIS SPACE**

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:** _____ CFO/Pres 7/9/08 (813)855-6664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #