

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000070873

FILED
Feb 15, 2006
Secretary of State

Entity Name: MEGA QUALITY CORPORATION

Current Principal Place of Business:

2809 GLEASON PKWY
CAPE CORAL, FL 33914

New Principal Place of Business:

4522 SW 1ST AVENUE
CAPE CORAL, FL 33914

Current Mailing Address:

2809 GLEASON PKWY
CAPE CORAL, FL 33914

New Mailing Address:

4522 SW 1ST AVENUE
CAPE CORAL, FL 33914

FEI Number: 20-2840311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEDEIROS, LUIZ CARLOS C
Address: 2809 GLEASON PKWY
City-St-Zip: CAPE CORAL, FL 33914

Title: V () Delete
Name: MIRANDA, ERNANE F
Address: 2809 GLEASON PKWY
City-St-Zip: CAPE CORAL, FL 33914

Title: T (X) Delete
Name: MEDEIROS, ZILA F
Address: 2809 GLEASON PKWY
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MIRANDA, ERNANE
Address: 4522 SW 1ST AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: VP (X) Change () Addition
Name: ASSIS, WALLACE
Address: 4522 SW 1ST AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ERNANE MIRANDA

P

02/15/2006

Electronic Signature of Signing Officer or Director

Date