

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000105882

FILED  
May 23, 2008  
Secretary of State

Entity Name: MEGAWAY PRODUCT DEVELOPMENT, INC.

**Current Principal Place of Business:**

10014 N. DALE MABRY HIGHWAY  
SUITE 101  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

10014 N. DALE MABRY HIGHWAY  
SUITE 101  
TAMPA, FL 33618 US

**New Mailing Address:**

FEI Number: 20-5768841      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PORAT, RON  
6702 N. GUNLOCK AVENUE  
TAMPA, FL 33614 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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: KHAZAMI, KATHY A  
Address: 10014 N. DALE MABRY HIGHWAY, STE. 101  
City-St-Zip: TAMPA, FL 33618 US

Title: VP/D ( ) Delete  
Name: KHAZAMI, GHAFAR  
Address: 10014 N. DALE MABRY HIGHWAY, STE. 101  
City-St-Zip: TAMPA, FL 33618 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: KATHY A. KHAZAMI

P/D

05/23/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date