


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90038 046 ***150.00

DOCUMENT # P94000051863	
1. Entity Name GENATT-MEGAREINS, INC.	

Principal Place of Business 6200 COURTNEY CAMPBELL CAUSEWAY #400 TAMPA, FL 33607	Mailing Address PO BOX 18224 TAMPA, FL 33679 US
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DO NOT WRITE IN THIS SPACE



03072006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3254703	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BILY, DICK W 20 SWEETGUM CT S HOMOSASSA, FL 34446
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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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BILY, JOY E 20 SO. SWEETGUM CT HOMASASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BILY, DICK W 20 SO. SWEETGUM CT HOMASASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T CHURCH, REBECCA PO BOX 18224 TAMPA, FL 33679
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	2-7-06 813-240-7189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DICK W. BILY	Date Daytime Phone #