____2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 03, 2006 08:00 AM DOCUMENT # P95000064567 **Secretary of State** 1. Entity Name MEGABYTES COMPUTER CENTER, INC. Principal Place of Business Mailing Address 7387 SPRING HILL DRIVE SPRING HILL FL 34608 7387 SPRING HILL DRIVE SPRING HILL FL 34606 2. Principal Place of Business 3. Mailing Address Suite, Apt. II, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0649334 Not Applica Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PETERSON, WAYNE R 7387 SPRING HILL DRIVE Street Address (P.O. Box Number is Not Acceptable) SPRING HILL FL 34606 Zip Code City 5. 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of the pur the obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and title if applicable (NOTE: Registered Agen) signature required when constaling). FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete ☐ Change ☐ Add TITLE TITLE NAME PETERSON, WAYNE R NAME STREET ADDRESS STREET ADDRESS 7387 SPRING HILL DRIVE CHY-ST-ZiP D377-S1-7IP SPRING HILL FL 34606 Delete HEE TITLE MAME MAME PETERSON, DANNA A STREET ADDRESS STREET ADURESS 7387 SPRING HILL DRIVE CITY-ST-20P SPRING HILL FL 34606 C)TY - \$T - 2|P MLE Cnange THILE Detete NAME NAME STREET ADDRESS STRLET ADDRESS CITY-ST-ZIP C374 - \$3 - 73P Delete ☐ Change TA TITLE 1177 MAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-Z#P Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP ☐ Change TITLE Detete 33775 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Section 119, Florida Statutes. I further certify that the informational 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 directly 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 Browing changed, or on an attachment with an address with all other like empowered

SIGNATURE:

WAYNE PETERSON JAW 24/2606 3 52 - 666-39