


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000063500	
1. Entity Name MEGA KIDS, INC.	

Principal Place of Business 4285 TAMiami TRAIL NORTH NAPLES, FL 33940	Mailing Address 4285 TAMiami TRAIL NORTH NAPLES, FL 33940
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DO NOT WRITE IN THIS SPACE



03062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0684334	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DEWALD, DIANE
4285 TAMiami TRAIL NORTH
NAPLES, FL 33940**

**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 *Diane Dewald* DATE *3/8/06*

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

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 DE WALD, DIANE 4285 TAMiami TRAIL NORTH NAPLES, FL 33940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BATTAT, JACOB 4285 TAMiami TRAIL NORTH NAPLES, FL 33940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DE WALD, VAN F.W. 4285 TAMiami TRAIL NORTH NAPLES, FL 33940
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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03/22/06-00056-014 150.00

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 an other like empowered.

SIGNATURE *Diane Dewald* DATE *3/8/06* 239 458 5

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #