

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 A
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**



02262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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:

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

3/8/07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000669202
03/27/07-80063-007 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DE WARD, DIANE
STREET ADDRESS 4285 TAMiami TRAIL NORTH
CITY-ST-ZIP NAPLES, FL 33940

TITLE O
NAME BATTAT, JACOB
STREET ADDRESS 4285 TAMiami TRAIL NORTH
CITY-ST-ZIP NAPLES, FL 33940

TITLE STD
NAME DE WARD, VAN F.W.
STREET ADDRESS 4285 TAMiami TRAIL NORTH
CITY-ST-ZIP NAPLES, FL 33940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/07 (239) 434-5437