

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 30, 2006 8:00 am**  
**Secretary of State**

06-30-2006 90001 033 \*\*\*158.75

<b>DOCUMENT # P98000094513</b>					
<b>1. Entity Name</b> MEGATEAM, INC.					
<b>Principal Place of Business</b> 3845 OLD TAMPA HWY LAKELAND, FL 33811			<b>Mailing Address</b> 3845 OLD TAMPA HWY LAKELAND, FL 33811		
<b>2. Principal Place of Business</b> 201 Mae's Lane		<b>3. Mailing Address</b> 201 Mae's Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> DeFuniak Springs		<b>City &amp; State</b> DeFuniak Springs			
<b>Zip</b> 32433	<b>Country</b> US #	<b>Zip</b> 32433	<b>Country</b>		
<b>6. Name and Address of Current Registered Agent</b>  PETERS, MARIE 3845 OLD TAMPA HWY LAKELAND, FL 33811			<b>7. Name and Address of New Registered Agent</b> Name: Marie Peters Street Address (P.O. Box Number is Not Acceptable): 201 Mae's Lane City: DeFuniak Springs FL Zip Code: 32433		
<b>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.</b>  SIGNATURE: <u>Marie B. Peters</u> DATE: <u>6-28-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. <input checked="" type="checkbox"/>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <input type="checkbox"/> Delete	<b>NAME</b> PETERS, MARIE		<b>TITLE</b> President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 201 Mae's Lane	
<b>STREET ADDRESS</b> 3845 OLD TAMPA HWY	<b>STREET ADDRESS</b> 3845 OLD TAMPA HWY		<b>STREET ADDRESS</b> 201 Mae's Lane	<b>STREET ADDRESS</b> DeFuniak Springs, FL 32433	
<b>CITY - ST - ZIP</b> LAKELAND, FL 33811	<b>CITY - ST - ZIP</b> LAKELAND, FL 33811		<b>CITY - ST - ZIP</b> DeFuniak Springs, FL 32433	<b>CITY - ST - ZIP</b> DeFuniak Springs, FL 32433	
<b>TITLE</b> VP <input type="checkbox"/> Delete	<b>NAME</b> PETERS, TOM		<b>TITLE</b> VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 358 Kynner Ct	
<b>STREET ADDRESS</b> 3845 OLD TAMPA HWY	<b>STREET ADDRESS</b> 3845 OLD TAMPA HWY		<b>STREET ADDRESS</b> 358 Kynner Ct	<b>STREET ADDRESS</b> Fort Walton, FL 32548	
<b>CITY - ST - ZIP</b> LAKELAND, FL 33811	<b>CITY - ST - ZIP</b> LAKELAND, FL 33811		<b>CITY - ST - ZIP</b> Fort Walton, FL 32548	<b>CITY - ST - ZIP</b> Fort Walton, FL 32548	
<b>TITLE</b> T <input type="checkbox"/> Delete	<b>NAME</b> PETERS, MARIE		<b>TITLE</b> 201 Mae's Lane <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> above	
<b>STREET ADDRESS</b> 3845 OLD TAMPA HWY	<b>STREET ADDRESS</b> 3845 OLD TAMPA HWY		<b>STREET ADDRESS</b> 201 Mae's Lane	<b>STREET ADDRESS</b> above	
<b>CITY - ST - ZIP</b> LAKELAND, FL 33811	<b>CITY - ST - ZIP</b> LAKELAND, FL 33811		<b>CITY - ST - ZIP</b> 201 Mae's Lane	<b>CITY - ST - ZIP</b> above	
<b>TITLE</b> S <input type="checkbox"/> Delete	<b>NAME</b> PETERS, NANCY		<b>TITLE</b> Nancy Cabana <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 5 Terrace Ct	
<b>STREET ADDRESS</b> 3845 OLD TAMPA HWY	<b>STREET ADDRESS</b> 3845 OLD TAMPA HWY		<b>STREET ADDRESS</b> 5 Terrace Ct	<b>STREET ADDRESS</b> Whitefield, NH 03598	
<b>CITY - ST - ZIP</b> LAKELAND, FL 33811	<b>CITY - ST - ZIP</b> LAKELAND, FL 33811		<b>CITY - ST - ZIP</b> 5 Terrace Ct	<b>CITY - ST - ZIP</b> Whitefield, NH 03598	
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Marie B. Peters</u>			<b>6-28-06-550-951-0047</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		