

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000084226

FILED
Apr 29, 2005
Secretary of State

Entity Name: MEGATRAV RESEARCH AND DEVELOPMENT, INC.

Current Principal Place of Business:

209 DOSTER DR
CASSELBERRY, FL 32707

New Principal Place of Business:

409 ALPINE STREET
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

209 DOSTER DR
CASSELBERRY, FL 32707

New Mailing Address:

409 ALPINE STREET
ALTAMONTE SPRINGS, FL 32701

FEI Number: 59-3236252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHER, MICHAEL J
209 DOSTER DR S
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

MATHER, MICHAEL J
409 ALPINE STREET
ALTAMONTE SPRINGS, FL 32701 US

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.

SIGNATURE: MICHAEL J. MATHER

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MATHER, MICHAEL J
Address: 209 DOSTER DR
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MATHER, MICHAEL J
Address: 409 ALPINE STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. MATHER

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04/29/2005

Electronic Signature of Signing Officer or Director

Date