

2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
May 10, 2007
Secretary of State**

DOCUMENT# F05000000631

Entity Name: TERRI MATTHEWS, INC.

Current Principal Place of Business:

220 N. CHICKASAW ST.
PAULS VALLEY, OK 73075

New Principal Place of Business:

Current Mailing Address:

220 N. CHICKASAW ST.
PAULS VALLEY, OK 73075

New Mailing Address:

FEI Number: 73-1347276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: MATTHEWS, TERRI
Address: RR#3
City-St-Zip: PAULS VALLEY, OK 73075

Title: VS () Delete
Name: MATTHEWS, CAROLYN
Address: RR#3
City-St-Zip: PAULS VALLEY, OK 73075

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TERRI MATTHEWS

PRES

05/10/2007

Electronic Signature of Signing Officer or Director

_____ Date