## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N11460  1. •Entity Name THE MATTERDORM, INC.						07 JUN 5 AM 8: 41				
Principal Place of Business %JULIE MATTER 400 31ST STREET WEST PALM BEACH, FL 33407  2. Principal Place of Business - No P.O. Box #		%JUI 400 WEST	g Address JE MATTER 31ST STREET FPALM BEACH, FL ling Address	1	ALLAHASSEE FLORIDA					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			05242007 <sub>C</sub>	hg-NP	CR2E037 (12/	06)	
City & State			y & State			4. FEI Number 59-269700	 03			lied For Applicable
Zip	Country	Zip	)	Cou	untry	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
MATTER, JULIE										
400 31ST STREET WEST PALM BEACH, FL 33407					Street Address (P.O. Box Number is Not Acceptable)					
					City			FL Zip	Code	
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										
Filing Fee Is \$61.25  Due by September 14, 2007  9. Election Campaign Trust Fund Contribu						\$5.00 May Be Added to Fees  Make check payable to Florida Department of State				
10.	OFFICERS AND D	RECTORS			I	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				-
NAME STREET ADDRESS CITY-ST-ZIP						800104109108 800104109108 06/08/0701015005 **61.25				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOWEY, MARTHA M. 1520 N COUNTY ROAD					☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D Delete TII LIENTZ, SHERRILYN 357-A WALKER AVE. ST			TITL NAM STRI	E	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	•				Ch	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1	-			□ Ch	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	ME EET ADORESS Y-ST-ZIP			□ Cħ		Addition
12. I hereby certify that the information supplied with this filling 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 617. 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:  **BINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Day  **Dayline Phone **										

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