
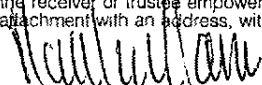


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000002576 1. Entity Name MATECUMBE ANGLERS, INC.					
Principal Place of Business PAUL W KAUB 129 BUENA VISTA COURT ISLAMORADA FL 33036 US		Mailing Address PAUL W KAUB 129 BUENA VISTA COURT ISLAMORADA FL 33036 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0597692	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAUB, PAUL W 129 BUENA VISTA CT ISLAMORADA FL 33036				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of the obligations of registered agent.				Mr. Paul W. Kaub 129 Buena Vista Ct. Islamorada, FL 33036-4126	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if a</small>		DATE		FILE NOW: FEE IS \$61.25 Due By May 1, 2006	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUPPER, CHARLES 108 WEST PLAZA GRANADA ISLAMORADA FL 33036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000423479 02/18/06-80010-002 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PISARIS, PETER 121 BUENA VISTA COURT ISLAMORADA FL 33036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PISARIS, DIANA 121 BUENA VISTA COURT ISLAMORADA FL 33036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAUL KAUB 129 BUENA VISTA CT ISLAMORADA FL 33036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **PAUL W. KAUB TD** 2/2/2006