

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2008 8:00 am
Secretary of State

03-13-2008 90032 008 ***150.00

DOCUMENT # P27336	✓
1. Entity Name 924 WEXFORD BLVD CORP	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5036 JERICHO TPK Suite, Apt. #, etc.	3. Mailing Address 5036 JERICHO TPK Suite, Apt. #, etc. 300
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City & State COMMACK, NY	City & State COMMACK, NY	4. FEI Number 11-2985942	Applied For <input type="checkbox"/> Not Applicable
Zip 11725	Country USA	Zip 11725	Country USA

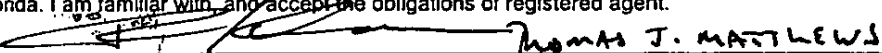
DO NOT WRITE IN THIS SPACE

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name THOMAS J. MATTHEWS	
Street Address (P.O. Box Number is Not Acceptable) 924 WEXFORD BLVD	
City SARASOTA	State FL
Zip Code 34230-6948	

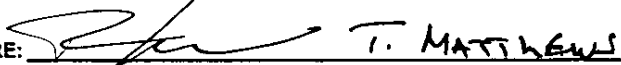
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **THOMAS J. MATTHEWS** **DATE**
3/27/08

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11.	
TITLE PRES	NAME THOMAS J. MATTHEWS	TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS	412 FIELDSTONE DR	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL	CITY-ST-ZIP	
TITLE PRES/ DIRECTOR	NAME THOMAS J. MATTHEWS	TITLE	
STREET ADDRESS	412 FIELDSTONE DR	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **T. MATTHEWS** **DATE**
3/27/08 **Daytime Phone #**
631-462-4503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR