2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# P96000043572

Entity Name: MATTHEW ANDERSON AND ASSOCIATES, INC.

Current Principal Place of Business:

398 W CAMINO GARDENS BLVD
#209
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

398 W CAMINO GARDENS BLVD
#209
BOCA RATON, FL 33432

New Mailing Address:

398 W CAMINO GARDENS BLVD
#209
BOCA RATON, FL 33432

FEI Number: 65-0670137 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, JOLYNN
398 W CAMINO GARDENS BLVD
#209
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

ANDERSON, JOLYNN B V.P.
398 W CAMINO GARDENS BLVD
#209
BOCA RATON, FL 33432 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: JOLYNN B. ANDERSON 01/15/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: ANDERSON, MATTHEW DR.
Address: 398 W CAMINO, GARDENS BLVD., #209
City-St-Zip: BOCA RATON, FL 33432

Title: VP ( ) Delete
Name: ANDERSON, JOLYNN
Address: 398 W CAMINO, GARDENS BLVD., #209
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: ANDERSON, JOLYNN B
Address: 398 W CAMINO, GARDENS BLVD., #209
City-St-Zip: BOCA RATON, FL 33432

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: JOLYNN B. ANDERSON V.P. 01/15/2008
Electronic Signature of Signing Officer or Director Date