

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004559

FILED
Jul 11, 2006
Secretary of State

Entity Name: DEMATTEO PROPERTIES, INC.

Current Principal Place of Business:

80 WASHINGTON STREET
C-16
NORWELL, MA 02061 US

New Principal Place of Business:

Current Mailing Address:

80 WASHINGTON STREET
C-16
NORWELL, MA 02061 US

New Mailing Address:

FEI Number: 04-3166662 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE A
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: DEMATTEO, M J
Address: 80 WASHINGTON STREET #C-16
City-St-Zip: NORWELL, MA 020611729

Title: C () Delete
Name: LEWIN, JOEL
Address: 300 CLINTON ROAD
City-St-Zip: BROOKLINE, MA 02146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: C (X) Change () Addition
Name: LEWIN, JOEL
Address: 529 BOYLSTON STREET
City-St-Zip: BROOKLINE, MA 02146

I hereby certify that the information supplied with this filing does not qualify for the 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: M. JOSEPH DEMATTEO

PRES

07/11/2006

Electronic Signature of Signing Officer or Director

_____ Date