2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State
02-12-2007 90094 043 ***150.00

DOCUMENT # 381617

1. Entity Name
CODE, INC.

Principal Place of Business	Mailing Address
1527 CRESCENT CIR WEST PALM BEACH FL 33403 US	1527 CRESCENT CIR. WEST PALM BEACH FL 33403 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3701 W. McNab Rd	3701 W. McNab Rd
Suite, Apt. #, etc.: # E42	Suite, Apt. #, etc.: # E42
City & State: Pompano Beach FL	City & State: Pompano Beach FL
Zip: 33069 Country: USA	Zip: 33069 Country: USA

4. FEI Number 59-1373879 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MATTSON, DOUGLAS SR. K
1527 CRESCENT CIR.
WEST PALM BEACH FL 33403

7. Name and Address of New Registered Agent

Name

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATTSON, DOUGLAS K 1527 CRESCENT CIR. WEST PALM BEACH FL 33403	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PD Mattson, Douglas K 3701 W. McNab Rd # E42 Pompano Beach, FL 33069
				☒ Change ☐ Addition of address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MATTSON, DOUGLAS K. J 3578 LAKEVIEW DR DELRAY BEACH FL 33445	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MATTSON, ERIC J 6301 NW 34TH AVE FT. LAUDERDALE FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MATTSON, MARK E 3507 VINNING CT KISSIMMEE FL 33471	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

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 607, 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: _____ 2/1/07 954-970-2315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #