


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90036 002 ***150.00

DOCUMENT # 503551	
1. Entity Name MAT ROLAND SEAFOOD COMPANY, INC.	

Principal Place of Business 4510 OCEAN ST ATTN: MATT ROLAND ATLANTIC BEACH FL 32233 US	Mailing Address 4510 OCEAN ST ATTN: MATT ROLAND ATLANTIC BEACH FL 32233 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 1674 Park Terrace East Atlantic Beach, FL 32233-5824
City & State	City & State 32233-5824
Zip	Country USA

1st MOORE CR2E034 (10/06)

4. FEI Number 59-1661605	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ROLAND, MATHIAS C. 1861 BEACHSIDE CT ATLANTIC BEACH FL 32233	
7. Name and Address of New Registered Agent Name: ROLAND, MATHIAS C. Street Address (P.O. Box Number is Not Acceptable): 1674 Park Terrace East Atlantic Beach, FL 32233-5824 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete ROLAND, VINCENT M 888 SEMINOLE RD. ATLANTIC BCH FL	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROLAND, PAUL M. 1674 PARK TERRACE EAST ATLANTIC BEACH, FL 32233-5824
TITLE COB	<input type="checkbox"/> Delete ROLAND, MATHIAS C 1861 BEACHSIDE CT ATLANTIC BEACH FL 32233 - 5824	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	<input type="checkbox"/> Delete ROLAND, ROSE B 1861 BEACHSIDE CT ATLANTIC BEACH FL 32233 - 5824	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	<input type="checkbox"/> Delete ROLAND, BRAD M 230 PINE STREET ATLANTIC BEACH FL 32233	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> 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: Rose Bradley Roland Rose Bradley Roland April 5, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #