


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2007 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # 571806 1. Entity Name MATTERN FLORAL, INC. |  |
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| Principal Place of Business 1416 OLD OKEECHOBEE RD. WEST PALM BEACH, FL 33401 | Mailing Address 1416 OLD OKEECHOBEE RD. WEST PALM BEACH, FL 33401 |
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| DO NOT WRITE IN THIS SPACE |
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07022007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-1830393 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SOULE, JOSEPH D 1416 OLK OKEECHOBEE RD W PALM BCH, FL |
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6. 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 reissuing) DATE

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| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD SOULE, JOSEPH D 124 EBBTIDE DR. NO PALM BCH, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SOULE, JENNIFER R 124 EBBTIDE DR. NO PALM BCH, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STV SOULE, JENNIFER R 124 EBBTIDE DR. NO PALM BCH, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| <p>U00000766884 07/05/07-80001-025 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *Jennifer R Soule* **JENNIFER R SOULE SECRETARY** **7/2/07** **561-833-3396**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #