


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90097 040 ***150.00

DOCUMENT # F01000002070	
1. Entity Name MTCH EAST COAST HOLDINGS OF FLORIDA, INC.	

Principal Place of Business 1999 HARRISON STREET, SUITE 550 OAKLAND, CA 94612	Mailing Address 1999 HARRISON STREET, SUITE 550 OAKLAND, CA 94612
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2. Principal Place of Business - No P.O. Box # 3 Embarcadero Center Suite, Apt. #, etc. 550	3. Mailing Address 15210 S. 50th Street Suite, Apt. #, etc. 180
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City & State San Francisco, CA	City & State Phoenix, AZ
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Zip 94111	Country	Zip 85044	Country
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40076583



01182007 Chg-P CR2E034 (12/06)

4. FEI Number 94-3392401	Applied For <input type="checkbox"/> Not Applicable
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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
CORPDIRECT AGENTS 515 E. PARK AVE. TALLAHASSEE, FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TILDEN, DOUG 1999 HARRISON STREET, SUITE 550 OAKLAND, CA 94612 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PARRIS, GAIL 1999 HARRISON STREET, SUITE 550 OAKLAND, CA 94612 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD REDLICH, CHRISTOPHER JR. 1999 HARRISON STREET, SUITE 550 OAKLAND, CA 94612 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tilden, Douglas A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3 Embarcadero Center, Ste 550 San Francisco CA 94111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Parris, Gail A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3 Embarcadero Center, Ste 550 San Francisco, CA 94111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Redlich, Christopher JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3 Embarcadero Center Ste 550 San Francisco, CA 94111
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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: GAIL A. PARRIS SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/29/07 Daytime Phone #: 415-646-8196

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ATTACHMENT

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Suite, Apt. #, etc. 550			Suite, Apt. #, etc. 180		
City & State San Francisco, CA			City & State Phoenix, AZ		
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			GAIL A. PARRIS SECRETARY Date 1/29/07 Daytime Phone # 415-646-8796		