2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005506

Entity Name: MATTOS, INCORPORATED

FILED Apr 07, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4501 BEECH DR. TEMPLE HILLS, MD 207486791 **Current Mailing Address: New Mailing Address:** 4501 BEECH DR TEMPLE HILLS, MD 207486791 FEI Number: 53-0240001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MATTOS, JOHN A MATTOS, JOHN A Name: Name: 4501 BEECH DR. 4501 BEECH DR. Address: Address: City-St-Zip: TEMPLE HILLS, MD 207486791 City-St-Zip: TEMPLE HILLS, MD 207486791 VC Title: DVC Title: () Delete (X) Change () Addition Name: MATTOS, JOSEPH G Name: MATTOS, JOSEPH G 4501 BEECH DR. 4501 BEECH DR. Address: Address: TEMPLE HILLS, MD 207486791 TEMPLE HILLS, MD 207486791 City-St-Zip: City-St-Zip: Title: DVPS () Delete Title: () Change () Addition WHIPPLE, JEFFREY Name: Name: 4501 BEECH DR. Address: Address: City-St-Zip: TEMPLE HILLS, MD 207486791 City-St-Zip: Title: () Delete Title: () Change (X) Addition BINNS, DAVID Name: Name: Address: Address: 1608 RHODE ISLAND AVENUE NW City-St-Zip: City-St-Zip: WASHINGTON, DC 20036 Title: Title: () Change (X) Addition () Delete MOERCZ, RICHARD Name: Name: Address: Address: 409 MISAK DRIVE City-St-Zip: City-St-Zip: WEST CHESTER, PA 19380

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: JEFFREY B WHIPPLE **DVPS** 04/07/2006