## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000007887

Entity Name: MATTINGLY HITTING PRODUCTS, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
2 ENTERPRISE DRIVE, SUITE 407 SHELTON, CT 06484				2 ENTERPRISE DRIVE, SUITE 407 SHELTON, CT 06484 US		
Current Mailing Address:			New Maili	New Mailing Address:		
2 ENTERPRISE DRIVE, SUITE 407 SHELTON, CT 06484				P.O. BOX 1223 GLASTONBURY, CT 06033 US		
FEI Number:	20-4799977	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
NRAI SER\ 2731 EXEC WESTON,	UTIVÉ PARK	DRIVE, STE 4 JS				
The above in the State		submits this statement for the pur	pose of changing it	ts registered office or registered agent, or both,		
SIGNATUR	E:					
Electronic Signature of Registered Agent			t	Date		
Election Cam	paign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SHAW, GEORG	DRIVE, SUITE 407	Title: Name: Address: City-St-Zip:	DP (X) Change ( ) Addition SHAW, GEORGE 2 ENTERPRISE DRIVE, SUITE 407 SHELTON, CT 06484 US		
Title: Name: Address: City-St-Zip:	MATTINGLY, DO	DRIVE, SUITE 407	Title: Name: Address: City-St-Zip:	DVP (X) Change ( ) Addition MATTINGLY, DON 2 ENTERPRISE DRIVE, SUITE 407 SHELTON, CT 06484 US		
Title: Name: Address: City-St-Zip:	WELLS, JAMES	DRIVE, SUITE 407	Title: Name: Address: City-St-Zip:	DT (X) Change ( ) Addition WELLS, JAMES 2 ENTERPRISE DRIVE, SUITE 407 SHELTON, CT 06484 US		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	DS () Change (X) Addition BLITZ, NELSON 2 ENTERPRISE DRIVE, SUITE 407 SHELTON, CT 06484 US		
Title: Name: Address:	( )	Delete	Title: Name:	CFO ( ) Change (X) Addition FALCO, JAMES		

I hereby certify that the information supplied with this filing does not qualify 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: JAMES FALCO CFO 04/29/2009