# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H29547

**Entity Name:**  MATHESON ENTERPRISE MANAGEMENT, INC.

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| C/O FINLAY B. MATHESON<br>3898 SHIPPING AVENUE<br>MIAMI, FL  33146 | |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| C/O FINLAY B. MATHESON<br>3898 SHIPPING AVENUE<br>MIAMI, FL  33146 | |

FEI Number: 59-2480445        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:** |
|---|---|
| MATHESON, FINLAY B.<br>3898 SHIPPING AVENUE<br>MIAMI, FL  33146    US | |

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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

| **OFFICERS AND DIRECTORS:** | **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:** |
|---|---|
| Title:     PD       ( ) Delete<br>Name:   MATHESON, FINLAY B.<br>Address:  3898 SHIPPING AVENUE<br>City-St-Zip:  MIAMI, FL | Title:            ( ) Change  ( ) Addition<br>Name:<br>Address:<br>City-St-Zip: |
| Title:     D        ( ) Delete<br>Name:   MATHESON, JOAN<br>Address:  3898 SHIPPING AVE<br>City-St-Zip:  MIAMI, FL  33146 | Title:            ( ) Change  ( ) Addition<br>Name:<br>Address:<br>City-St-Zip: |

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:  FINLAY B MATHESON                            PRES             07/01/2009

        Electronic Signature of Signing Officer or Director                    Date