2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L02193

TRUNKETT, ÀNGELA

4425 S.W. 2ND AVE

CAPE CORAL, FL 33914

Name:

Address:

City-St-Zip:

Entity Name: MATTEO INTERNATIONAL INC.

FILED Apr 28, 2009 Secretary of State

_marky man		TERM THOMAS, INC.		
Current Principal Place of Business:			New Principal Place of Business:	
	COCK BRIDGE RAL, FL 33990	PARKWAY US		
Current Mailing Address:			New Mailing Address:	
	COCK BRIDGE RAL, FL 33990	PARKWAY US		
FEI Number:	65-0141698	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:	
4425 SW 2 CAPE COF	of Florida.	US Ibmits this statement for the pu	rpose of changing its registere	d office or registered agent, or both,
Electronic Signature of Registered Agent			nt	Date
Election Can	npaign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DT ()ETRUNKETT, ANG 4425 S.W. 2ND A CAPE CORAL, F	VE.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DP () E CARMEN, TRUNI 4425 S.W. 2ND A CAPE CORAL, FI	VE.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	DVPS ()[)elete	Title [.]	() Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ANGELA TRUNKETT DVP 04/28/2009