2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State
04-16-2007 90351 027 ****55.00

DOCUMENT # L06000057224

1. Entity Name
MATTHEWSOLUTIONS, LLC

Principal Place of Business	Mailing Address
2117 S. BABCOCK ST., SUITE 201 MELBOURNE, FL 32901	2117 S. BABCOCK ST., SUITE 201 MELBOURNE, FL 32901

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03122007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0006398
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MATTHEWS, DESIREE S 2929 ELBIB DR. ST. CLOUD, FL 34772	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATTHEWS, MIKE B 2929 ELBIB DR. ST. CLOUD, FL 34772	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATTHEWS, MIKE B 2117 S. BABCOCK ST. SUITE 201 MELBOURNE, FL 32901	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTHEWS, DESIREE S 2929 ELBIB DR. ST. CLOUD, FL 34772	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTHEWS, DESIREE S 2117 S. BABCOCK ST. SUITE 201 MELBOURNE, FL 32901	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Mike M Matthews 04/10/2007 321-473-6654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #