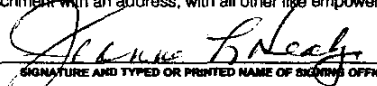


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90112 035 ****61.25

DOCUMENT # N01000002674 1. Entity Name THE MATLACHA HOOKERS, INC.					
Principal Place of Business 11940 ISLAND AVE - 2608 BAYSHORE MATLACHA, FL 33993				Mailing Address P.O. BOX 111 MATLACHA, FL 33993	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 65-1121335 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01042007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent CUNDALL, DEBBIE 11940 ISLAND AVE MATLACHA, FL 33993			7. Name and Address of New Registered Agent Name JEANNE L. HEALY Street Address (P.O. Box Number is Not Acceptable) 2608 BAYSHORE DR City MATLACHA FL 33993		
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  DATE 1/12/07 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUNDALL, DEBBIE 11940 ISLAND AVE MATLACHA, FL 33993	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEANNE L. HEALY 2608 BAYSHORE DR MATLACHA FL 33993	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GOODWIN, NANCY 12370 SHOREVIEW DR. MATLACHA, FL 33993	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARIANNE PATON 1590 RAINBOW DR BOKEELIA FL 33922	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BELL, TERRY 619 S.W. 12TH TERRACE CAPE CORAL, FL 33991	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RITA BIENKOWSKI 7695 FARRELL RD BOKEELIA FL 33922	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WARSCHAUER, LINDA 3718 SURFSIDE CAPE CORAL, FL 33914	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANDRA BRUNER PhD 5090 GENESEE PKWY BOKEELIA FL 33922	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MATSKO, VICKIE 2009 SW 28TH TERRACE CAPE CORAL, FL 33914	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Change ☐ Addition
12. 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 or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  JEANNE L HEALY 1/12/07 239-282-9128 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					