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	Mailing Address
~~11940 ISLAND AVE~~ 2608 BAYSHORE MATLACHA, FL 33993	P.O. BOX 111 MATLACHA, FL 33993

01042007 Chg-NP CR2E037 (12/06)

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

4. FEI Number 65-1121335 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CUNDALL, DEBBIE 11940 ISLAND AVE MATLACHA, FL 33993	Name JEANNE L. HEALY Street Address (P.O. Box Number is Not Acceptable) 2608 BAYSHORE DR City MATLACHA FL Zip Code 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 Jeanne L Healy 1/12/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 Jeanne L Healy 1/12/07 239-282-9128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #