2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003118

Entity Name: JOEY DEMATTHEWS, INC. (I'M FREE)

FILED Feb 09, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

2512 SW MCDONALD STREET 2512 SW MCDONALD STREET FORT ST. LUCIE, FL 34953 PORT ST. LUCIE, FL 34953

Current Mailing Address: New Mailing Address:

2512 SW MCDONALD STREET 2512 SW MCDONALD STREET FORT ST. LUCIE, FL 34953 PORT ST. LUCIE, FL 34953

FEI Number: 56-2567629 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:

DEMATTHEWS, DEBORAH
2512 SW MCDONALD STREET
FORT ST. LUCIE, FL 34953 US

DEMATTHEWS, DEBORAH
2512 SW MCDONALD STREET
PORT ST. LUCIE, FL 34953 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: DEBORAH DEMATTHEWS 02/09/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Name:

D () Delete Title: D (X) Change () Addition DEMATTHEWS, DEBORAH Name: DEMATTHEWS, DEBORAH

Address: 2512 SW MCDONALD STREET
City-St-Zip: FORT ST. LUCIE, FL 34953
Address: 2512 SW MCDONALD STREET
City-St-Zip: FORT ST. LUCIE, FL 34953
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: () Delete Title: (X) Change () Addition DEMATTHEWS, WAYNE DEMATTHEWS, WAYNE Name: Name: Address: 2512 SW MCDONALD STREET Address: 2512 SW MCDONALD STREET City-St-Zip: FORT ST. LUCIE, FL 34953 City-St-Zip: PORT ST. LUCIE, FL 34953

Title: () Delete Title: (X) Change () Addition DEMATTHEWS, WAYNE JR Name: DEMATTHEWS, WAYNE JR Name: Address: 2512 SW MCDONALD STREET Address: 2512 SW MCDONALD STREET City-St-Zip: FORT ST. LUCIE, FL 34953 City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH DEMATTHEWS D 02/09/2007