

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 18, 2008
Secretary of State**

DOCUMENT# N06000011623

Entity Name: COMMUNITY MATTERS, INC.

Current Principal Place of Business:

1708 S PARK AVENUE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1708 S PARK AVENUE
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 20-5594163 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTO, LEESA
1708 S PARK AVENUE
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BIRCH, ANN
Address: 2205 SEA AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: S/T () Delete
Name: COLES, DEBORAH
Address: 729 JOHN CARROLL LANE
City-St-Zip: WEST MELBOURNE, FL 32940

Title: V () Delete
Name: MARSHALL, BRENT
Address: 3213 N TANNER ROAD
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEESA SOUTO

RA

04/18/2008

Electronic Signature of Signing Officer or Director

_____ Date