


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90044 045 \*\*\*\*61.25

<b>DOCUMENT # N45386</b>		
1. Entity Name <b>MATTHEW 25:40, INC.</b>		

Principal Place of Business RT 1 BOX 650 RAIFORD, FL 32083 US	Mailing Address RT 1 BOX 650 RAIFORD, FL 32083 US
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2. Principal Place of Business <b>11725 N.E.C.R. 793</b>	3. Mailing Address <b>11725 N.E.C.R. 793</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Raiford, FL.</b>	City & State <b>Raiford FL.</b>
Zip <b>32083</b>	Zip <b>32083</b>
Country <b>Union</b>	Country <b>Union</b>

01312006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>03-0400432</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent	
PARSON, TERRY W. RT 1 BOX 650 RAIFORD, FL 32083	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 Terry W. Parson 911 address change 2-1-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARSON, TERRY W. <del>RT 1 BOX 650</del> <b>11725 N.E.C.R. 793</b> RAIFORD, FL 32083 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PARSON, TEDDY S 3210 7TH ST CT WEST PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PARSON, M DONNA <del>RT 1 BOX 650</del> <b>11725 N.E.C.R. 793</b> RAIFORD, FL 32083 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARSON, TIMOTHY S 7114 5TH AVE NW BRADENTON, FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Terry W. Parson **Terry W. Parson** 2-1-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #