2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2005 08:00 AM Secretary of State DOCUMENT # P0000003141 1. Entity Name H. MATHIAS, INC. Mailing Address Principal Place of Business 3916 HUNTERS ISLE DR. 3916 HUNTERS ISLE DR. ORLANDO, FL 32837 ORLANDO, FL 32837 No Chg-P CR2E034 (10/03) 03172005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3616961 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MATHIAS, HELEN 3916 HUNTERS ISLE DR. ORLANDO, FL 32837 IN THIS SPACE 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. Signature, lyped or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME MATHIAS, HELEN STREET ADDRESS 3916 HUNTERS ISLE DR. ORLANDO, FL 32837 CITY-ST-ZIP TITLE UP0000319969 04/21/05-80017-021 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-St-Zip IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), 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 feegiver or trustee empowered to execute this report as required by Chapter 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Davtime Phone #