

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 03, 2008  
Secretary of State**

DOCUMENT# P02000010027

Entity Name: MATHAI INC.

**Current Principal Place of Business:**

742 NEW JERSEY ST  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

281 BRIELLE AVE  
STATEN ISLAND, NY 10314

**New Mailing Address:**

FEI Number: 37-1419388      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VARUGHESE, SHIBU  
742 NEW JERSEY ST.  
WEST PALM BEACH, FL 33401      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MATHAI, VARUGHESE  
Address: 281 BRIELLE AVE  
City-St-Zip: STATEN ISLAND, NY 10314

Title: V ( ) Delete  
Name: VARUGHESE, SHIBU  
Address: 742 NEW JERSEY STREET  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PD ( ) Delete  
Name: MATHAI, VARUGHESE  
Address: 281-BRIELLE AVE  
City-St-Zip: STATEN ISLAND, NY 10314

Title: T ( ) Delete  
Name: MATHAI, BABLI  
Address: 281- BRIELLE AVE  
City-St-Zip: STATEN ISLAND, NY 10314

**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:

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

SIGNATURE: VARUGHESE MATHAI

PD

05/03/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date