

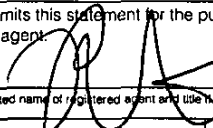
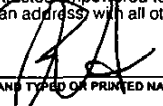


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90166 031 ***150.00

DOCUMENT # P02000111432 1. Entity Name MATHEWS PROPERTIES & DEVELOPMENT, INC.					
Principal Place of Business 1011 N. MAIN STREET SUITE 6 KISSIMMEE, FL 34744 US			Mailing Address P.O. BOX 421910 KISSIMMEE, FL 34742 US		
2. Principal Place of Business 1100 NORTH MAIN STREET Suite, Apt. #, etc. SUITE B		3. Mailing Address PO BOX 701323 Suite, Apt. #, etc.			
City & State KISSIMMEE, FL		City & State ST. CLOUD FL		4. FEI Number 27-0034414	
Zip 34744		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VEAL, BARNEY 1011 N. MAIN STREET SUITE 6 KISSIMMEE, FL 34744		7. Name and Address of New Registered Agent Name RONALD S HOWSE Street Address (P.O. Box Number is Not Acceptable) 1100 NORTH MAIN ST, SUITE B City KISSIMMEE FL Zip Code 34744			
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:  (NOTE: Registered Agent signature required when reinstating) DATE 2/20/06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D VEAL, BARNEY 2950 OLD CANOE CREEK ROAD ST CLOUD, FL 34772	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D VEAL, CAROLE 2950 OLD CANOE CREEK ROAD ST CLOUD, FL 34772	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST/D SIERING, MARILYN 3505 HARBOR ROAD KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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 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:  DATE 2/20/06 DAYTIME PHONE # 407-343-6007		