2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118037

FILED Jan 07, 2008 Secretary of State

Entity Nan	ne: UNCLE M	MATT'S ORGANIC, INC.			
Current Pr	incipal Place	of Business:	New Principal Place	New Principal Place of Business:	
SUITE B	HIGHWAY 5 T, FL 34711	0			
Current Ma	ailing Addres	ss:	New Mailing Address	New Mailing Address:	
P.O. BOX 120187 CLERMONT, FL 34711			P.O. BOX 120187 CLERMONT, FL 3471	P.O. BOX 120187 CLERMONT, FL 34712	
FEI Number:	42-1560079	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
	SUSAN GARLOAF MT T, FL 34711	RD US			
The above in the State		submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	nic Signature of Registered A	gent	Date	
Election Carr	npaign Financin	g Trust Fund Contribution ().			
OFFICERS	AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (MCLEAN, MAT 10311 SMOKE CLERMONT, F	RISE LANE	Name: MCLEAN, M	REY POINTE BLVD.	
Title:	ST () Delete	Title:	() Change () Addition	

Title: ST () Delete
Name: MCLEAN, SUSAN
Address: 20574 SUGARLOAF MT. R

Address: 20574 SUGARLOAF MT. RD. City-St-Zip: CLERMONT, FL 34711

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: SUSAN MCLEAN ST 01/07/2008