

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90311 039 ***150.00

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03132006 Chg-P CR2E034 (11/05)

DOCUMENT # P02000133126 1. Entity Name MATTHEW A. LANGLOIS, INC.																																																																																									
Principal Place of Business 3209 STARBOARD DRIVE LANTANA, FL 33462			Mailing Address 3209 STARBOARD DRIVE LANTANA, FL 33462																																																																																						
2. Principal Place of Business 1126 SW BLUE WATER WAY Suite, Apt. #, etc.		3. Mailing Address 1126 SW BLUE WATER WAY Suite, Apt. #, etc.																																																																																							
City & State STUART FL Zip 34997		City & State STUART FL Zip 34997		4. FEI Number 81-0587393																																																																																					
Country MARTIN		Country MARTIN		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																					
6. Name and Address of Current Registered Agent LANGLOIS, MATTHEW A 3209 STARBOARD DRIVE LANTANA, FL 33462				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u><i>Matthew A. Langlois</i></u> MATTHEW A. LANGLOIS, PRESIDENT 4-4-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																									
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																																																																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">P. LANGLOIS, MATTHEW A.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">1126 SW BLUE WATER WAY STUART FL 34997</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">S. LANGLOIS, KIMBERLY</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">1126 SW BLUE WATER WAY STUART FL 34997</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	P. LANGLOIS, MATTHEW A.					CITY-ST-ZIP	1126 SW BLUE WATER WAY STUART FL 34997					STREET ADDRESS	S. LANGLOIS, KIMBERLY					CITY-ST-ZIP	1126 SW BLUE WATER WAY STUART FL 34997					STREET ADDRESS						CITY-ST-ZIP						STREET ADDRESS						CITY-ST-ZIP						STREET ADDRESS						CITY-ST-ZIP						STREET ADDRESS						CITY-ST-ZIP					
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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: <u><i>Matthew A. Langlois</i></u> MATTHEW A. LANGLOIS 4-4-06 561-248-5026 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																									