

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

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

04-10-2006 90311 039 \*\*\*150.00

60024936



03132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business <i>1126 SW BLUEWATER WAY</i>	3. Mailing Address <i>1126 SW BLUEWATER WAY</i>
Suite, Apt. #, etc. <i></i>	Suite, Apt. #, etc. <i></i>
City & State <i>STUART FL</i>	City & State <i>STUART FL</i>
Zip <i>34997</i>	Country <i>MARTIN</i>
Zip <i>34997</i>	Country <i>MARTIN</i>
6. Name and Address of Current Registered Agent  LANGLOIS, MATTHEW A 3209 STARBOARD DRIVE LANTANA, FL 33462	
1126 SW BLUEWATER WAY STUART FL 34997	
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> 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 *Matthew A. Langlois* MATTHEW A. LANGLOIS PRESIDENT 4-406  
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGLOIS, MATTHEW A 3209 STARBOARD DRIVE LANTANA, FL 33462
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGLOIS, MATTHEW A 1126 SW BLUEWATER WAY STUART FL 34997
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANGLOIS, KIMBERLY 1126 SW BLUEWATER WAY STUART FL 34997
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Matthew A. Langlois* 4-406 561-248-5026  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #