2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064036

Entity Name: MATKION, INC.

City-St-Zip:

SARASOTA, FL 342433805

FILED Apr 26, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5656 COUNTRY LAKES DR SARASOTA, FL 342433805 **Current Mailing Address: New Mailing Address:** 5656 COUNTRY LAKES DR SARASOTA, FL 342433805 FEI Number: 65-1191307 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANGDON, ALLEN E MATTACCHIONE, LARRY F PRES 125 FIRST AVE 2020 BRANDON BLVD. W. NOKOMIS, FL 34275 US SUITE 203 BRANDON, FL 33511 US 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: LARRY F. MATTACCHIONE SR. 04/26/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MATTACCHIONE, LARRY F SR. Name: Name: 5656 COUNTRY LAKES DR Address: Address: City-St-Zip: SARASOTA, FL 342433805 City-St-Zip: () Delete Title: DVP Title: () Change () Addition Name: MATTACCHIONE, SHIRLEY E Name: 5656 COUNTRY LAKES DR Address: Address: SARASOTA, FL 342433805 City-St-Zip: City-St-Zip: Title: DST Title: () Delete () Change () Addition MATTACCHIONE, LARRY F Name: Name: 5656 COUNTRY LAKES DR Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: LARRY F. MATTACCHIONE SR. **PRES** 04/26/2005