2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000130394 02-09-2007 90020 022 ***150.00 1. Entity Name MATTESON GRILLS, INC. Principal Place of Business Mailing Address TUU----1301 W GARDEN ST 6404 NORTH 9TH AVE PENSACOLA, FL 32501 PENSACOLA, FL 32504 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 CR2E034 (12/06) City & State 4. FEI Number Applied For City & State Not Applicable 59-3396665 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BASS AND SANDFORT ACCOUNTANTS PA Street Address (P.O. Box Number is Not Acceptable) 1301 W GARDEN ST PENSACOLA, FL 32501 Zip Code William St. 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. 14 Change TITLE [77] Addition TITLE Delete Now Also MATTESON, DAVID NAME NAME Secretary STREET ADDRESS 6404 N 9TH AVE STREET ADDRESS CITY-ST-ZIP PENSACOLASFL 32504 CITY-ST-ZIP TITL F Delete MATTESON, SUNDAE NAME NAME 6404 N 9TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32504 Change ☐ Addition TITLE BRUCE, TRACY NAME NAME ADDRESS STREET ADDRESS 6404 N 9TH AVE. PENSACOLA, FL 32504 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete HILL, RON NAME NAME STREET ADDRESS 6404 N 9TH AVE. STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32504 CITY-ST-ZIP TITLE Channe ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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:



2/3/07

850 4764444

Daytme Phone #

FILED

Feb 09, 2007 8:00 am