


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90036 047 \*\*\*150.00

<b>DOCUMENT # P04000002421</b>	
1. Entity Name <b>MATTHEW B. SAMPSON, INC.</b>	

Principal Place of Business <b>4715 CAPRON ST. NEW PORT RICHEY, FL 34653 US</b>	Mailing Address <b>4715 CAPRON ST. NEW PORT RICHEY, FL 34653 US</b>
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**50066254**



2. Principal Place of Business <b>4732 Capron St.</b>	3. Mailing Address <b>4732 Capron St.</b>
Suite, Apt. #, etc	Suite, Apt. #, etc

09072005 Chg-P CR2E034 (10/03)

City & State <b>New Port Richey, FL</b>	City & State <b>New Port Richey, FL</b>
Zip <b>34653</b>	Zip <b>34653</b>
Country <b>US</b>	Country <b>US</b>

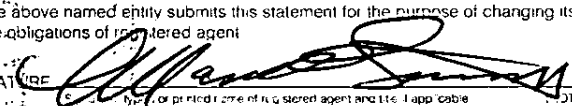
4. FEI Number <b>59-3776624</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SAMPSON, MATTHEW B 4715 CAPRON ST. NEW PORT RICHEY, FL 34653</b>	
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7. Name and Address of New Registered Agent	
Name <b>Matthew B. Sampson</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>4732 Capron St.</b>	
City & State <b>New Port Richey, FL</b>	Zip Code <b>34653</b>

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:  DATE: **9/7/05**

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P SAMPSON, MATTHEW B 4715 CAPRON ST. NEW PORT RICHEY, FL 34653</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P Matthew B. Sampson 4732 Capron St. New Port Richey, FL 34653</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V SAMPSON, MARIA R 4715 CAPRON ST. NEW PORT RICHEY, FL 34653</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V Maria R. Sampson 4732 Capron St. New Port Richey, FL 34653</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 titles empowered.

SIGNATURE:  DATE: **9/7/05** PHONE: **(727) 847-6042**