2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000037337

Entity Name: MATT PROTECH CORP.

FILED Apr 16, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
1970 FISH STE A	HERMANS DR	IVE		
	T CREEK, FL	33063		
Current Mailing Address:		New Mailing Address:		
970 FISH	HERMANS DR	IVE		
	T CREEK, FL	33063		
El Number	: 20-0794116	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
lame and	d Address of	Current Registered Agent:	Name and Addre	ess of New Registered Agent:
1970 FISH	VELOSO, MA' HERMANS DR IT CREEK, FL	IVE AP. A		
	,			
n the Stat	e named entity e of Florida.		purpose of changing its regis	stered office or registered agent, or both,
n the Stat	e named entity e of Florida. RE:	submits this statement for the p		
n the Stat	e named entity e of Florida. RE:			stered office or registered agent, or both, Date
n the Stat SIGNATU	e named entity e of Florida. RE: Electro	submits this statement for the p		
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n the Stat SIGNATU Slection Ca DFFICER itle: lame: ddress:	e named entity e of Florida. RE: Electro mpaign Financii S AND DIREO PTD (HIRSCHMANN 4970 FISHER	submits this statement for the prince Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete	ent	Date
n the Stat	e named entity e of Florida. RE: Electro mpaign Financia S AND DIRECT PTD (HIRSCHMANN 4970 FISHER COCONUT CF VSD (SANTOS VELI 4970 FISHER	submits this statement for the prince Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete I, CAMILA R MANS DRIVE AP. A	ent ADDITIONS/CHA Title: Name: Address:	Date ANGES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: MATHEUS B SANTOS VELOSO VSD 04/16/2007