2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000037337

Entity Name: MATT PROTECH CORP.

FILED Apr 28, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

4970 FISHERMANS DRIVE 1480 NE 54TH ST

STE A POMPANO BEACH, FL 33064 COCONUT CREEK, FL 33063

Current Mailing Address: New Mailing Address:

4970 FISHERMANS DRIVE 1480 NE 54TH ST

STE A POMPANO BEACH, FL 33064

COCONUT CREEK, FL 33063

FEI Number: 20-0794116 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:

SANTOS VELOSO, MATHEUS B
4970 FISHERMANS DRIVE AP. A
1480 NE 54TH ST
POMPANO REACH EL 22004 LIS

COCONUT CREEK, FL 33063 US POMPANO BEACH, FL 33064 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: MATHEUS SANTOS VELOSO 04/28/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTD (X) Change () Addition Name: HIRSCHMANN, CAMILA R Name: SANTOS VELOSO, MATHEUS B Address: 4970 FISHERMANS DRIVE AP. A Address: 1480 NE 54TH ST

City-St-Zip: COCONUT CREEK, FL 33063 City-St-Zip: POMPANO BEACH, FL 33064

Title: VSD () Delete Title: VP (X) Change () Addition

Name:SANTOS VELOSO, MATHEUS BName:HIRSCHMANN, CAMILAAddress:4970 FISHERMANS DRIVE AP. AAddress:1480 NE 54TH STCity-St-Zip:COCONUT CREEK, FL 33063City-St-Zip:POMPANO BEACH, FL 33064

Title: D () Delete Title: D (X) Change () Add

Title: D () Delete Title: D (X) Change () Addition Name: AMERICANO, MONICA B Name: AMERICANO, MONICA B

 Address:
 454 LAKE VIEW DR UNIT 6
 Address:
 1480 NE 54TH ST

 City-St-Zip:
 WESTON, FL 33326
 City-St-Zip:
 POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify 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 SANTOS VELOSO PD 04/28/2008