

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000100761

FILED
Jan 20, 2007
Secretary of State

Entity Name: MATTY'S ULTIMATE SPORTS, INC.

Current Principal Place of Business:

2300 TAMiami TRAIL UNIT 12
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

4300 KINGS HIGHWAY
UNIT 208
PORT CHARLOTTE, FL 33980

Current Mailing Address:

417 MALPELO AVE
PUNTA GORDA, FL 33983

New Mailing Address:

FEI Number: 20-1335362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIMATO, MATTHEW
417 MALPELO AVENUE
PUNTA GORDA, FL 33983 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STR () Delete
Name: CHIMATO, DONNA L
Address: 417 MALPELO AVENUE
City-St-Zip: PUNTA GORDA, FL 33983

Title: PVP () Delete
Name: CHIMATO, MATTHEW
Address: 417 MALPELO AVENUE
City-St-Zip: PUNTA GORDA, FL 33983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONNA CHIMATO

STR

01/20/2007

Electronic Signature of Signing Officer or Director

_____ Date