

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126350

FILED
Apr 10, 2005
Secretary of State

Entity Name: MATIQ, INC.

Current Principal Place of Business:

4610 N. ARMENIA AVE
STE 938
TAMPA, FL 33603 US

New Principal Place of Business:

Current Mailing Address:

4610 N. ARMENIA AVE
STE 938
TAMPA, FL 33603 US

New Mailing Address:

FEI Number: 20-1989750 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LEGALZOOM NEVADA, INC.
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130 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: P () Delete
Name: AKINTEWE, AKINTUNDE
Address: 4610 N. ARMENIA AVE, STE 938
City-St-Zip: TAMPA, FL 33603 US

Title: D () Delete
Name: SMITH, CHRIS
Address: 4610 N. ARMENIA AVE, STE 938
City-St-Zip: TAMPA, FL 33603 US

Title: T () Delete
Name: AKINTEWE, AKINFEMIWA
Address: 4610 N. ARMENIA AVE., STE. 938
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: AKINTEWE, AKINTUNDE
Address: 4610 N. ARMENIA AVE, STE 938
City-St-Zip: TAMPA, FL 33603 US

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 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 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: AKINTUNDE AKINTEWE

P

04/10/2005

Electronic Signature of Signing Officer or Director

_____ Date