


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000172539		
1. Entity Name MATTHEW GARRY, INC.		

FILED
06 MAY 16 PM 4: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5211 WENDAL STREET SPRING HILL, FL 34609	Mailing Address 5211 WENDAL STREET SPRING HILL, FL 34609
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2. Principal Place of Business 3552 BRAEMAR STREET	3. Mailing Address 3552 BRAEMAR STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04272006 REIN-P CR2E098 (11/05-06)

City & State LAND O LAKES, FL	City & State LAND O LAKES, FL
Zip 34638	Country

4. FEI Number 20-2073057	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent GARRY, MATTHEW 5211 WENDAL STREET SPRING HILL, FL 34609	
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7. Name and Address of New Registered Agent Name GARRY, MATTHEW Street Address (P.O. Box Number is Not Acceptable) 3552 BRAEMAR STREET City LAND O LAKES FL Zip Code 34638	
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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: <i>x Matthew Garry</i>	DATE: <i>x 5/11/06</i>

FILE NOW!!! FEE IS \$300.00	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	PSTD GARRY, MATTHEW 5211 WENDAL STREET SPRING HILL, FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3552 BRAEMAR STREET LAND O LAKES, FL 34638
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 000075218670 05/25/06--01009--008 **150.00
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 000075218670 05/25/06--01009--007 **150.00
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 exemptions contained 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 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 like empowered.	
SIGNATURE: <i>x Matthew Garry</i>	MATTHEW GARRY <i>x 5/11/06</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	