


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 27, 2007 8:00 am**  
**Secretary of State**

08-27-2007 90035 007 \*\*\*150.00

<b>DOCUMENT # P05000013352</b>	
1. Entity Name <b>MATT MONROE INC.</b>	

Principal Place of Business <b>3001 161ST TERRACE NORTH LOXAHATCHEE, FL 33470</b>	Mailing Address <b>3001 161ST TERRACE NORTH LOXAHATCHEE, FL 33470</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



08212007 Chg-P CR2E034 (12/06)

4. FEI Number <b>56-2518031</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>MONROE, MATTHEW 3001 161ST TERRACE NORTH LOXAHATCHEE, FL 33470</b>		7. Name and Address of New Registered Agent Name <b>Michael A. Lampert, esq</b> Street Address (P.O. Box Number is Not Acceptable) <b>1655 Palm Beach Lakes Blvd, Ste 900</b> <b>W Palm Beach Fl 33401</b> City <b>FL</b> Zip Code	
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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 *Michael A. Lampert, esq* **8/22/07**  
(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	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	<b>MRS. CAMILE MONROE 3001 161ST TERR N LOXAHATCHEE, FL 33470</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, P, S, T matthew monroe 3001 161st terrace north Loxahatchee Fl 33470</b> <input checked="" type="checkbox"/> Change <input checked="" 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
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
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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: *Matthew Monroe* **as Pres** **8/22/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*Michael A. Lampert, esq* **5616899407**