


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90030 041 ***150.00

DOCUMENT # P05000013868	
1. Entity Name MATT'S FOOD SERVICES, INC.	

Principal Place of Business 980 NORTH FEDERAL HIGHWAY SUITE 412 BOCA RATON, FL 33432	Mailing Address 980 NORTH FEDERAL HIGHWAY SUITE 412 BOCA RATON, FL 33432
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20006560

2. Principal Place of Business - No P.O. Box # 21210 ST. ANDREWS BLVD	3. Mailing Address 673 OSPREY PT. CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01032007 Chg-P CR2E034 (12/06)

City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 333443	Zip 33431
Country USA	Country USA

4. FEI Number 52-2450928	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLOCH, STUART E 980 NORTH FEDERAL HIGHWAY SUITE 412 BOCA RATON, FL 33432	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BUCHWALTER, BERNARD		NAME	
STREET ADDRESS 673 OSPREY PT CIR		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON, FL 33431		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BERGNAN, MATHEW		NAME	
STREET ADDRESS 2537 NW 40 ST		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON, FL 33433		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Bernard Buchwalter 3/13/07 561-750-8970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #