

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000046620

Entity Name: SB MATT GROUP INC

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

2734 CAMOMILE DR
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

2734 CAMOMILE DR
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 20-2611757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HEALY, SUZANNE
2734 CAMOMILE DR
ORLANDO, FL 32837 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: HEALY, SUZANNE
Address: 2734 CAMOMILE DR
City-St-Zip: ORLANDO, FL 32837

Title: T () Delete
Name: HEALY, THOMAS II
Address: 2734 CAMOMILE DR
City-St-Zip: ORLANDO, FL 32837

Title: VP () Delete
Name: HEALY, MARY SE
Address: 2734 CAMOMILE DR
City-St-Zip: ORLANDO, FL 32837

Title: SP () Delete
Name: HEALY, ANGELA
Address: 2734 CAMOMILE DR
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: HEALY, MARY C
Address: 2734 CAMOMILE DR
City-St-Zip: ORLANDO, FL 32837

Title: SP (X) Change () Addition
Name: HEALY, ANGELA
Address: 2734 CAMOMILE DR
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify 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: SUZANNE HEALY

P

04/29/2007

Electronic Signature of Signing Officer or Director

_____ Date