

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000107285

Entity Name: ARMATT ENTERPRISES, INC.

FILED
Mar 17, 2008
Secretary of State

Current Principal Place of Business:

7204 ASHFORD LN.
BOYNTON BEACH, FL 33472

New Principal Place of Business:

Current Mailing Address:

7204 ASHFORD LN.
BOYNTON BEACH, FL 33472

New Mailing Address:

FEI Number: 20-3199180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN BROWN, ARLENE PH.D.
8798 BELLE AIRE DR.
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

KAPLAN, ARLENE F. PH.D.
7204 ASHFORD LANE
BOYNTON BEACH, FL 33472 US

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: ARLENE KAPLAN, PH.D.

03/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KAPLAN BROWN, ARLENE
Address: 8798 BELLE AIRE DR.
City-St-Zip: BOCA RATON, FL 33433

Title: V () Delete
Name: WILSON, MATTHEW DAVID
Address: 2004 CITRUS HILL LANE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KAPLAN, ARLENE F. PH.D.
Address: 7204 ASHFORD LANE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: V (X) Change () Addition
Name: WILSON, MATTHEW DAVID
Address: 3723 BENERAID STREET
City-St-Zip: LAND O' LAKES, FL 34638

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: ARLENE F. KAPLAN, PH.D.

PRES

03/17/2008

Electronic Signature of Signing Officer or Director

Date