2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# P05000129584

Entity Name: MATTHEWS INSURANCE AGENCY, INC.

Current Principal Place of Business:

14939 S. TAMIAMI TRAIL
NORTH PORT, FL 34287

New Principal Place of Business:

2500 BOBCAT VILLAGE CENTER RD
UNIT E
NORTH PORT, FL 34288

Current Mailing Address:

14939 S. TAMIAMI TRAIL
NORTH PORT, FL 34287

New Mailing Address:

2500 BOBCAT VILLAGE CENTER RD
UNIT E
NORTH PORT, FL 34288

FEI Number: 20-3574878 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MATTHEWS, SHARON
14939 S. TAMIAMI TRAIL
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

MATTHEWS, SHARON
2500 BOBCAT VILLAGE CENTER RD
UNIT E
NORTH PORT, FL 34288 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: 04/04/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MATTHEWS, SHARON
Address: 14939 S. TAMIAMI TRAIL
City-St-Zip: NORTH PORT, FL 34287

Title: S ( ) Delete
Name: MATTHEWS, STEVEN
Address: 14939 S TAMIAMI TRAIL
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MATTHEWS, SHARON
Address: 2500 BOBCAT VILLAGE CENTER RD
City-St-Zip: NORTH PORT, FL 34288

Title: S (X) Change ( ) Addition
Name: MATTHEWS, STEVEN
Address: 2500 BOBCAT VILLAGE CENTER RD
City-St-Zip: NORTH PORT, FL 34288

I hereby certify that the information supplied with this filing does not qualify for the 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: SHARON MATTHEWS P 04/04/2007
Electronic Signature of Signing Officer or Director — Date