## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000140483

Title:

Name:

Address:

City-St-Zip:

**FILED** Mar 22, 2006 Secretary of State

Entity Name: MATHA MARY CORP **Current Principal Place of Business: New Principal Place of Business:** 3951 CLARK ROAD SARASOTA, FL 34231 **Current Mailing Address: New Mailing Address:** 3951 CLARK ROAD SARASOTA, FL 34231 FEI Number: 20-3635174 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMAS, ALEXANDER 4742 COMBAHEE LANE ORLANDO, FL 32837 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition THOMAS, ALEXANDER Name: Name: THOMAS, ALEXANDER 4742 COMBAHEE LANE 4742 COMBAHEE LANE Address: Address: City-St-Zip: ORLANDO, FL 32837 US City-St-Zip: ORLANDO, FL 32837 US Title: VΡ Title: () Delete () Change () Addition URALIL, JOBY Name: Name: 12623 ROCKROSE GLENN Address: Address: BRADENTON, FL 34202 US City-St-Zip: City-St-Zip: Title: Title: ( ) Delete TD (X) Change ( ) Addition URALIL, JAMES URALIL, JAMES Name: Name: 7809 CASTLE ISLAND DRIVE 7809 CASTLE ISLAND DRIVE Address: Address: City-St-Zip: SARASOTA, FL 34240 US City-St-Zip: SARASOTA, FL 34240 US

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ALEXANDER THOMAS PD 03/22/2006

() Delete

2342 CHESTERFIELD CIRCLE

LAKELAND, FL 33813 US

CHACKO, SAJI

() Change () Addition