

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000140483

Entity Name: MATHA MARY CORP.

FILED
Jul 08, 2008
Secretary of State

Current Principal Place of Business:

3951 CLARK ROAD
SARASOTA, FL 34231

New Principal Place of Business:

3951 CLARK ROAD
SARASOTA, FL 34233

Current Mailing Address:

3951 CLARK ROAD
SARASOTA, FL 34231

New Mailing Address:

3951 CLARK ROAD
SARASOTA, FL 34233

FEI Number: 20-3635174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, ALEXANDER
4742 COMBAHEE LANE
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

THOMAS, ALEXANDER
6851 PAPAGO RD.
SARASOTA, FL 34241 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: THOMAS ALEXANDER

07/08/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMAS, ALEXANDER
Address: 4742 COMBAHEE LANE
City-St-Zip: ORLANDO, FL 32837 US

Title: VP () Delete
Name: URALIL, JOBY
Address: 12623 ROCKROSE GLENN
City-St-Zip: BRADENTON, FL 34202 US

Title: TD () Delete
Name: URALIL, JAMES
Address: 7809 CASTLE ISLAND DRIVE
City-St-Zip: SARASOTA, FL 34240 US

Title: D () Delete
Name: CHACKO, SAJI
Address: 2342 CHESTERFIELD CIRCLE
City-St-Zip: LAKE LAND, FL 33813 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THOMAS, ALEXANDER
Address: 6851 PAPAGO RD.
City-St-Zip: SARASOTA, FL 34241 US

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

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

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

Title: DE () Change (X) Addition
Name: URALIL, BOBY
Address: 5405 90TH AVE. CIR. EAST
City-St-Zip: PARRISH, FL 34219

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: THOMAS ALEXANDER

PD

07/08/2008

Electronic Signature of Signing Officer or Director

Date