

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000140483

Entity Name: MATHA MARY CORP.

FILED  
Mar 18, 2009  
Secretary of State

## Current Principal Place of Business:

3951 CLARK ROAD  
SARASOTA, FL 34233

## New Principal Place of Business:

## Current Mailing Address:

3951 CLARK ROAD  
SARASOTA, FL 34233

## New Mailing Address:

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  
6851 PAPAGO RD.  
SARASOTA, FL 34241 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: PD ( ) Delete  
Name: THOMAS, ALEXANDER  
Address: 6851 PAPAGO RD.  
City-St-Zip: SARASOTA, FL 34241 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: DE ( ) Delete  
Name: URALIL, BOBY  
Address: 5405 90TH AVE. CIR. EAST  
City-St-Zip: PARRISH, FL 34219

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ALEXANDER THOMAS

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date