


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90174 020 ***150.00

DOCUMENT # P05000140578
 1. Entity Name
 MATT'S HOME REMODELING, INC.



Principal Place of Business
 421 EAST HILLCREST AVENUE
 LAKE WALES, FL 33853

Mailing Address
 421 EAST HILLCREST AVENUE
 LAKE WALES, FL 33853

40069479



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 1223
 Suite, Apt. #, etc.

02142006 Chg-P CR2E034 (11/05)

City & State
 Lake Wales, FL

4. FEI Number
 20-3639490

Applied For
 Not Applicable

Zip
 33859-1223

Country
 US

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FALCHETTI, ERICA K
 421 EAST HILLCREST AVENUE
 LAKE WALES, FL 33853

7. Name and Address of New Registered Agent
 Name: Matthew L. Falchetti
 Street Address (P.O. Box Number is Not Acceptable): 421 East Hillcrest Avenue
 City: Lake Wales FL Zip Code: 33853

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Matthew L. Falchetti* DATE: 3-5-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D FALCHETTI, MATTHEW L <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALCHETTI, MATTHEW L	NAME	
STREET ADDRESS	421 EAST HILLCREST AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 33853	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Matthew L. Falchetti* DATE: 3-5-06 DAYTIME PHONE #: 863-526-4124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR