

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000140578

1. Entity Name
MATT'S HOME REMODELING, INC.



Principal Place of Business Mailing Address

421 EAST HILLCREST AVENUE POB 1223
 LAKE WALES, FL 33853 LAKE WALES, FL 33859-1223

DO NOT WRITE IN THIS SPACE



02282007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-3639490 Not Applicable

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

6. Name and Address of Current Registered Agent

FALCHETTI, MATHEW L
421 E HILLCREST AVE
LAKE WALES, FL 33853

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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 _____ DATE _____
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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALCHETTI, MATTHEW L 421 EAST HILLCREST AVENUE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/21/07-80021-020 150.00

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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 **Matthew L. Falchetti** 3.8.07 863-528-4124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #