2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008
Secretary of State

DOCUMENT# P06000063279

Entity Name: MATERN SYSTEMS, INC.

Current Principal Place of Business:

130 CANDACE DRIVE
MAITLAND, FL 32701

New Principal Place of Business:

Current Mailing Address:

130 CANDACE DRIVE
MAITLAND, FL 32701

New Mailing Address:

FEI Number: 51-0619174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MATERN, DOUGLAS A
130 CANDACE DRIVE
MAITLAND, FL 32701 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: D ( ) Delete
Name: MATERN, DOUGLAS A
Address: 130 CANDACE DRIVE
City-St-Zip: MAITLAND, FL 32701

Title: D ( ) Delete
Name: SANTIAGO, JUAN
Address: 594 NOTRE DAME DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: STONE, CHRISTOPHER
Address: 9304 REDFISH COVE
City-St-Zip: APOPKA, FL 32708 US

Title: D ( ) Change (X) Addition
Name: RIVENBARK, RICHARD M
Address: 403 HERMITAGE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: D ( ) Change (X) Addition
Name: WUKOVICH, TED
Address: 130 CANDACE DRIVE
City-St-Zip: MAITLAND, FL 32751 US

Title: D ( ) Change (X) Addition
Name: RIVENBARK, SHARON M
Address: P.O. BOX 941152
City-St-Zip: MAITLAND, FL 32794 US

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: SHARON RIVENBARK MS 03/28/2008

Electronic Signature of Signing Officer or Director — Date