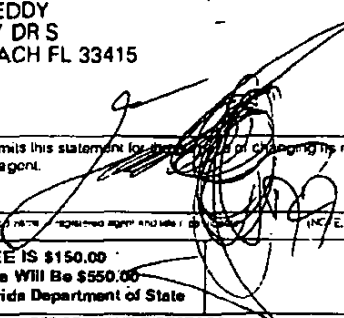
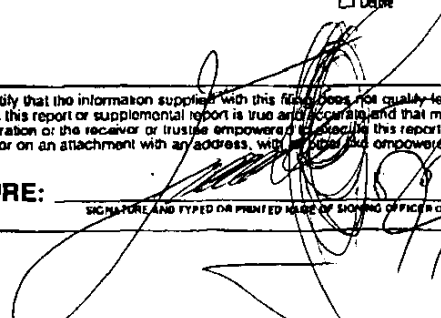


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 14, 2007 8:00 am
Secretary of State

04-24-2007 90009 044 ***150.00

DOCUMENT # P06000107002			
1. Entity Name MATCH, INC			
Principal Place of Business 5052 PINE ABBY DR S WEST PALM BEACH FL 33415		Mailing Address 5052 PINE ABBY DR S WEST PALM BEACH FL 33415	
2. Principal Place of Business - No P.O. Box # 5052 Pine Abby Dr S		3. Mailing Address Suite, Apt. #, etc.	
City & State W. P. B. FL		City & State	
Zip 33415	Country	Zip	Country
4. FEI Number 20-5386507		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, FREDDY 5052 PINE ABBY DR S WEST PALM BEACH FL 33415		7. Name and Address of New Registered Agent Name Freddy Gonzalez Street Address (P.O. Box Number is Not Acceptable) 5052 Pine Abby Dr S. City West Palm Beach, FL Zip Code 33415	
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 June 15/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 NAME STREET ADDRESS CITY-STATE-ZIP	P GONZALEZ, FREDDY 5052 PINE ABBY DR S WEST PALM BEACH FL 33415 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S GONZALEZ, FREDDY 5052 PINE ABBY DR S WEST PALM BEACH FL 33415 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this report does not qualify for the exemptions contained in Section 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with the title and empowered.			
SIGNATURE: 		Date June 14/07	