2009 2000 FOR PROFIT CORPORATION ANNUAL REPORT

DOGUMENT # P07000099445



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7009 CEO OE A G. O.

MATCHMAKER INTERNATIONAL OF DESTIN, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 6952 BRIGHTON OAKS BLVD NAVARRE, FL 32566 US Mailing Address 6952 BRIGHTON OAKS BLVD NAVARRE, FL 32566 US						TACEARAS	Sti.f[URIDA	
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address 4507 Furling Lane							
Suite, Apt	#, etc.	Suite, Apt. #, etc.			07142008	Chg-P	CR2E0	34 (12/06)	
City & Star		City & State			FEI Numbe		791	├ — —	plied For at Applicable
C POS	Country Country	Zip 32541	Country			of Status Desired		\$8.75 Add	titional
-	6. Name and Address of Current I	Registered Agent		7.	. Name and	Address of New	Registered /	\gent	
PARAVATE, DENISE 6952 BRIGHTON OAKS BLVD NAVARRE, FL 32566			Street A	Denise Paravate Address (P.O. Box Number is Not Acceptable) 507 Furling Lane Suite III					,
			City	Dort	(a)		FL	Zip Cod	411
8. The above the obliga SIGNATURE.	e named entity submits this statement for tions of registrated agent. Sgration, your or prined name of registered agent a	rasalt	egistered office of			h, in the State of F	lorida. I am I	amiliar with,	and accept
D	LE NOW!!! FEE IS \$150.00 ue by September 12, 2008	9. Efection Campaigr Trust Fund Contrib		\$5.00 Added t	May Be to Fees	In accordance corporation did			
TITLE	OFFICERS AND E		11.	· · · · · ·	ADDITIONS/	CHANGES TO OF	FICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	PARAVATE, DENISE 6952 BRIGHTON OAKS BLVD NAVARRE, FL 32566	☐ Delote	NAME STREET ADDRESS CITY-SI-ZIP	4507 Des	TFUI	1/2 y La. 14 325	re Sai	Change Le ///	☐ Addition
NAME STREET ADDRESS CHY-ST-ZIP	D PARAVATE, DENISE 6952 BRIGHTON OAKS BLVD NAVARRE, FL 32568	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			ing Lane		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CATY-ST-ZIP		<u> </u>			□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		90 09/25	0 0161 /090100	031 ! 3009	□ Change 359 **150	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	THE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
inaicatea	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor	true and accurate and that my	signature shall ha	ive the sam	e legal effect	as if made under	oath: that I a	m an officer -	or director - L

changed, or on an attachment with an address, with all other like emp

SIGNATURE:

9-1-07(050)269-03-2