2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 16, 2007 08:00 AN **DOCUMENT # P93000057279 Secretary of State** MATTHEWS & MATTHEWS, O.D., P.A. Principal Place of Business Mailing Address 1711 HOFFNER AVE 1711 HOFFNER AVE ORLANDO, FL 32809 ORLANDO, FL 32809 No Chg-P 01052007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3197963 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MATTHEWS, WW DO NOT WRITE 1711 HOFFNER AVE ORLANDO, FL 32809 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent arganituse required when remessing) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MATTHEWS, W. W. U00000585886 STREET ADDRESS 1711 HOFFNER AVE. 01/16/07-80031-004 150.00 CTTY-ST-ZIP ORLANDO, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP BH E NAME STREET ADDRESS DO NOT WRITE CTTY-ST-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

TITLE MAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: