

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000033664

FILED
Feb 07, 2006
Secretary of State

Entity Name: MATHIAS CATASTROPHE SERVICES, INC.

Current Principal Place of Business:

2314 WINTER WOODS BLVD.
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 4097
WINTER PARK, FL 327934097 US

New Mailing Address:

FEI Number: 59-3312979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTY, MATHIAS F
653 GREEN MEADOW AVE
MAITLAND, FL 32751 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: PD () Delete
Name: MATHIAS, MONTY F
Address: 653 GREEN MEADOWS AVE.
City-St-Zip: MAITLAND, FL 32751

Title: VD () Delete
Name: KASAVAGE, WILLIAM J
Address: 3223 LOWNDES DR
City-St-Zip: WINTER PARK, FL 32792

Title: ST () Delete
Name: MATHIAS, JUDITH D
Address: 653 GREEN MEADOW AVE
City-St-Zip: MAITLAND, FL 32751

Title: VD () Delete
Name: MATHIAS, MONTY J
Address: 1824 LOST PINE LN
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JUDITH D. MATHIAS

ST

02/07/2006

Electronic Signature of Signing Officer or Director

_____ Date