

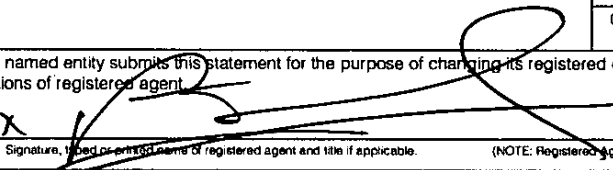
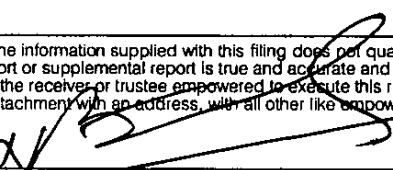


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90211 046 ***150.00

DOCUMENT # P97000050780					
1. Entity Name MATTHIS, INC.					
Principal Place of Business 247 CENTRAL AVE ST PETERSBURG, FL 33701 US			Mailing Address 247 CENTRAL AVE ST PETERSBURG, FL 33701 US		
2. Principal Place of Business - No P.O. Box # 217 Central Ave		3. Mailing Address 217 Central Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282008 Chg-P CR2E034 (12/06)	
City & State St Petersburg FL		City & State St Petersburg FL		4. FEI Number 59-3465107	
Zip 33701		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOUVARD, FRANK 247 CENTRAL AVE SAINT PETERSBURG, FL 33701			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable) 217 Central Ave		
City St Petersburg			FL Zip Code 33701		
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 <u>4/28/08</u>			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PSD NAME ROUX, EMMANUEL STREET ADDRESS 2519 DRIFTWOOD RD. CITY-ST-ZIP ST. PETERSBURG, FL 33705	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VTD NAME BOUVARD, FRANK STREET ADDRESS 6070 6TH AVE., NORTH CITY-ST-ZIP ST. PETERSBURG, FL 33710	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SPILMAN, DEREK A STREET ADDRESS 4215 MILLER DRIVE CITY-ST-ZIP SAINT PETERSBURG, FL 33706	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ROUX, DANIEL STREET ADDRESS 2519 DRIFTWOOD RD. CITY-ST-ZIP SAINT PETERSBURG, FL 33705	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ROUX, ALAIN STREET ADDRESS 2519 DRIFTWOOD RD. CITY-ST-ZIP SAINT PETERSBURG, FL 33705	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			DATE <u>4/28/08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					