

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000009374

Entity Name: A.G. MATTIS ENTERPRISE, INC.

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

6250 W. OAKLAND BLVD  
#4  
SUNRISE, FL 33313

## New Principal Place of Business:

## Current Mailing Address:

6356 SEAGRAPE CIRCLE  
MARGATE, FL 33063

## New Mailing Address:

1849 SW BRADWAY LANE  
PORT ST. LUCIE, FL 34953

FEI Number: 65-0814636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MATTIS, ASTON G SR.  
6356 SEAGRAPE CIRCLE  
MARGATE, FL 33063 US

## Name and Address of New Registered Agent:

MATTIS, ASTON G SR.  
1849 SW BRADWAY LANE  
PORT ST. LUCIE, FL 34953 US

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: ASTON MATTIS

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: MATTIS, ASTON G SR.  
Address: 6356 SEAGRAPE CIRCLE  
City-St-Zip: MARGATE, FL 33063

Title: SDV ( ) Delete  
Name: MATTIS, VALRIE E  
Address: 6356 SEAGRAPE CIRCLE  
City-St-Zip: MARGATE, FL 33063

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: MATTIS, ASTON G SR.  
Address: 1849 SW BRADWAY LANE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: SDV (X) Change ( ) Addition  
Name: MATTIS, VALRIE E  
Address: 1849 SW BRADWAY LANE  
City-St-Zip: PORT ST. LUCIE, FL 34953

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: ASTON MATTIS

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

Date