2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# P98000009374

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

Current Principal Place of Business:

1400 NW 15TH AVE
#12
BOCA RATON, FL 33486

New Principal Place of Business:

1864 CALIFORNIA BLVD.
PORT ST. LUCIE, FL 34953

Current Mailing Address:

1849 SW BRADWAY LANE
PORT ST. LUCIE, FL 34953

New Mailing Address:

1864 CALIFORNIA BLVD.
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.
1849 SW BRADWAY LANE
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

MATTIS, ASTON G SR.
1864 SW CALIFORNIA BLVD
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 04/25/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: MATTIS, ASTON G SR.
Address: 1864 SW CALIFORNIA BLVD
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: SDV (X) Change ( ) Addition
Name: MATTIS, VALRIE E
Address: 1864 SW CALIFORNIA BLVD
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify 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 DPT 04/25/2008
Electronic Signature of Signing Officer or Director Date