2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# P98000009374

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

Current Principal Place of Business:

1864 CALIFORNIA BLVD.
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

207 ORANGE AVE
SUITE E
FORT PIERCE, FL 34950

Current Mailing Address:

1864 CALIFORNIA BLVD.
PORT ST. LUCIE, FL 34953

New Mailing Address:

207 ORANGE AVE
SUITE E
FORT PIERCE, FL 34950

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

Name and Address of New Registered Agent:

MATTIS, ASTON G SR.
962 SW BAY STATE ROAD
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 G. MATTIS 04/11/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

Title: SDV ( ) Delete
Name: MATTIS, VALRIE E
Address: 1864 SW CALIFORNIA BLVD
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: 962 SW BAY STATE ROAD
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: SDV (X) Change ( ) Addition
Name: MATTIS, VALRIE E
Address: 962 SW BAY STATE ROAD
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 G. MATTIS DPT 04/11/2009
Electronic Signature of Signing Officer or Director Date