2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000083240

Entity Name: MATT'S CONSTRUCTION CO. INC.

FILED Apr 03, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

1355 CHAPPAREL WAY
WELLINGTON, FL 33414

5822 NW BEGONIA AVE.
PORT ST. LUCIE, FL 34986

Current Mailing Address: New Mailing Address:

1355 CHAPPAREL WAY
WELLINGTON, FL 33414

5822 NW BEGONIA AVE.
PORT ST. LUCIE, FL 34986

FEI Number: 58-1996060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HEALY, DONNIE

1355 CHAPPAREL WAY

WELLINGTON, FL 33414 US

HEALY, DONNIE

5822 NW BEGONIA AVE.

PORT ST. LUCIE, FL 34986 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: 04/03/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 HEALY, MATTHEW J
 Name:
 HEALY, MATTHEW J

 Address:
 1355 CHAPPAREL WAY
 Address:
 5822 NW BEGONIA AVE.

 City-St-Zip:
 WELLINGTON, FL 33414
 City-St-Zip:
 PORT ST. LUCIE, FL 34986

Title: VPST () Delete Title: VPST (X) Change () Addition
Name: HEALY DONNIE R Name: HEALY DONNIE R

 Name:
 HEALY, DONNIE R
 Name:
 HEALY, DONNIE R

 Address:
 1355 CHAPPAREL WAY
 Address:
 5822 NW BEGONIA AVE.

 City-St-Zip:
 WELLINGTON, FL 33414
 City-St-Zip:
 PORT ST. LUCIE, FL 34986

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: DONNIE R. HEALY VP 04/03/2006