

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S03482

Entity Name: MATCHTECH, INC.

FILED
Jul 14, 2008
Secretary of State

Current Principal Place of Business:

1740 HUDSON BRIDGE ROAD #1012
STOCKBRIDGE, GA 30281

New Principal Place of Business:

Current Mailing Address:

PO BOX 11
STUART, FL 34995

New Mailing Address:

1740 HUDSON BRIDGE ROAD #1012
STOCKBRIDGE, GA 30281

FEI Number: 65-0223804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROWDER-MCCOY, NANCY B
33 SW FLAGLER AVENUE
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HALL, BRUNER L
Address: 40 SPIVEY CHASE LANE
City-St-Zip: JONESBORO, GA 30236

Title: CEO () Delete
Name: HALL, BRIAN L
Address: 12573 BELL CREEK DRIVE S
City-St-Zip: GRAND BAY, AL 36541

Title: VPOP () Delete
Name: HALL, BRENDA R
Address: 12573 BELL CREEK DRIVE S
City-St-Zip: GRAND BAY, AL 36541

Title: VPHR () Delete
Name: DELZELL, DONNA H
Address: 1660 CRUMBLEY ROAD
City-St-Zip: MCDONOUGH, GA 30252

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONNA DELZELL

VP

07/14/2008

Electronic Signature of Signing Officer or Director

Date