FOR PROFIT CORPORATION

FILED Apr 16, 2008 8:00 am Secretary of State

DOCUMENT # SC1778 1. Entity Name MATHESON INTERNATIONAL INVESTMENTS, INC. DO NOT WRITE: IN THIS SPACE 2. Principal Piece of Business 13252. Millian Operation of State Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Like Park, FL Zip Country Zip Country 3. The and Address of Current Registered Agent ANDREW DO NOT WRITE IN THIS SPACE City A State 1. Name and Address of Current Registered Agent ANDREW DO NOT WRITE IN THIS SPACE City A State 3. 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. I am familiar with, and acceptable by the colliquitions of registered agent. Signature 3. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of purpose of changing its registered agent signature depend agent agent with and acceptable of Florida Lam familiar and acceptable of Florida Lam familiar and acceptable of Florida Country and agent	UNIFO	KW ROSINES	SS REPORT	(ORK)		04-16-2008 90014 04	5 ***150 00	
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1952 St. Killian Drive Suite, Apt, #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE						60023756		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE			3. Mailing Address					
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Signature Sign			City & State					
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. I am amiliar with, and accept the obligations of registered agent, or both, in the state of Florida. I am amiliar with, and accept the obligations of registered agent. Signature. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) JATE January 1 May 1 Fee is \$550:00 After May 1, Fee is \$500:00 After May 1, Fee is \$550:00 After May 1, Fee is \$500:00 After May 1, Fee is	Zip Country		Zip	······································			\$8.75 Additional	
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Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE City LAKE PARK FL Zip Code 53 4C3 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) After May 1, Fee is \$150.00 After May 1, Fee is \$150.00 Anternative May 1, Fee is \$150.00 Ant	لغيف فسيح فسنع فسنتم الشعورة				Name	X	<u> </u>	
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12. I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same local effect.	NAME STREET ADDRESS CITY-ST-ZIP			TITI NAM STR	LE /	Tampa Signatura	The state of the state of	
	12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the came 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Andrew D Matheson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-08

(561) 845-5222 Daytime Phone #