

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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

04-16-2008 90014 045 ***150.00

DOCUMENT # SL1778	
1. Entity Name	
MATHESON INTERNATIONAL INVESTMENTS, INC.	

DO NOT WRITE IN THIS SPACE

60023756

2. Principal Place of Business 1352 S. Killian Drive		3. Mailing Address Suite, Apt. #, etc.	
City & State Lake Park, FL		City & State	
Zip 33440-33403	Country	Zip	Country
4. FEI Number 65-0262588		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name ANDREW D MATHESON	
Street Address (P.O. Box Number is Not Acceptable) 1352 S KILLIAN DRIVE	
City LAKE PARK FL	Zip Code 33403

DO NOT WRITE IN THIS SPACE

8. 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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable: (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D Andrew D Matheson 1352 S. Killian Drive Lake Park, FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew D Matheson

Date

3-20-08

(561) 845-5222

Daytime Phone #