

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Nov 17, 2006
Secretary of State**

DOCUMENT# P05000062893

Entity Name: MATRIX INSURANCE AGENCY, INC.

Current Principal Place of Business:

9016 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9016 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 13-4299402 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, RALPH
9016 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32256 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

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: PEREZ, WILLIAM
Address: 9016 PHILLIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Delete
Name: SPADAFORA, JEFFREY
Address: 9016 PHILLIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SPADAFORA, JEFFREY
Address: 9016 PHILLIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP (X) Change () Addition
Name: PEREZ, RALPH
Address: 9016 PHILLIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: T () Change (X) Addition
Name: PEREZ, WILLIAM
Address: 9016 PHILLIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: S () Change (X) Addition
Name: PEREZ, WILLIAM
Address: 9016 PHILLIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32256

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: JEFFREY SPADAFORA

P

11/17/2006

Electronic Signature of Signing Officer or Director

Date