2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P99000093608

Entity Name: MATREX CORPORATION

Current Principal Place of Business:

901 NW 8TH AVENUE
D-1
GAINESVILLE, FL 32601

New Principal Place of Business:

1810 NW 6TH ST
C
GAINESVILLE, FL 32609

Current Mailing Address:

P.O. BOX 1174
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: 59-3606762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CRAWFORD, OLIVIA L
3641 W. HWY. 316
REDDICK, FL 32686 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: D ( ) Delete
Name: CRAWFORD, OLIVIA L
Address: 3641 W. HWY. 316
City-St-Zip: REDDICK, FL 32686

Title: D ( ) Delete
Name: CRAWFORD, ALLEN E
Address: 3641 WEST HWY 316
City-St-Zip: REDDICK, FL 32686

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: OLIVIA L. CRAWFORD D 04/28/2005
Electronic Signature of Signing Officer or Director Date