


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90205 007 ***150.00

DOCUMENT # F00000006430 1. Entity Name GEOMATRIX CONSULTANTS, INC.					
Principal Place of Business 2101 WEBSTER STREET, SUITE 1200 OAKLAND, CA 94612			Mailing Address 2101 WEBSTER STREET, SUITE 1200 OAKLAND, CA 94612		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 94-2934407				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV EMBREE, JAMES 620 COOLIDGE DR, SUITE 185 FOLSOM, CA 95630		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V TIMOTHY SIMPSON 510 SUPERIOR AVE STE. 200 NEWPORT BEACH, CA 92663	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAUS, ANTHONY III 2101 WEBSTER STREET, SUITE 1200 OAKLAND, CA 94612		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V HASSAN AMINI 510 SUPERIOR AVE STE. 200 NEWPORT BEACH, CA 92663	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV PRICE, JAMES C 2101 WEBSTER ST, SUITE 1200 OAKLAND, CA 94612		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V SUSAN GALLARDO 2101 WEBSTER ST. FL 12 OAKLAND, CA 94612	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENNI, KAREN 1401 - 17TH ST., STE 600 DENVER, CO 80202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY WILLIAM MALYK 420 WEBER ST N UNIT 6 WATERLOO, ONT CANADA N2L 4E7	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEAHAN, N. THOMAS 330 W. BAY ST., STE. 140 COSTA MESA, CA 92627		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V N. THOMAS SHEAHAN 250 E. RINCON ST., STE. 204 CORONA, CA 92879	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID HADDOCK 600 UNIVERSITY ST, STE. 1020 SEATTLE, WA 98101	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>James C. Price</i></u> JAMES C. PRICE <u>4/27/2006</u> <u>510/663-4100</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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