

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005787

FILED
Apr 29, 2008
Secretary of State

Entity Name: MATRIX POWER SERVICES, INC.

Current Principal Place of Business:

59 DAVIS DRIVE
PASCOAG, RI 02859

New Principal Place of Business:

Current Mailing Address:

PO BOX 32
PASCOAG, RI 02859

New Mailing Address:

FEI Number: 05-0509450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CP () Delete
Name: JARRY, DAVID
Address: 507 MENDON RD.
City-St-Zip: NORTH SMITHFIELD, RI 02896

Title: VCVP () Delete
Name: AHERN, RICHARD
Address: 430 SNAKE MEADOW HILL RD
City-St-Zip: STERLING, CT 06377

Title: DST () Delete
Name: MOORE, RONALD JR.
Address: 21 SCHOOL ST.
City-St-Zip: WARNER, NH 03276

Title: VP () Delete
Name: KENNEDY, JOHN J JR
Address: 50 PILGRIM DR
City-St-Zip: LITCHFIELD, NH 03052 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: MOORE, RONALD JR.
Address: PO BOX 179
City-St-Zip: WARNER, NH 03276

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANN-MARIE E. FONTAINE

CFO

04/29/2008

Electronic Signature of Signing Officer or Director

Date