2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004702

City-St-Zip:

HAPEVILLE, GA 30354

FILED Jul 07, 2008 Secretary of State

Entity Nai	me: MATRIX	OPERATING SOLUTIONS, II	NC.		
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
2603 W. S TAMPA, F	ANDERS DR L 33611	IVE			
Current M	lailing Addre	ess:	New Mailing Address:	New Mailing Address:	
	FICE BOX 156 ID LINE, MD				
FEI Number:	: 34-2044285	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	Name and Address of I	Name and Address of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US			EDWIN FRANCO 110 HICKORY CREEK BRANDON, FL 33511	110 HICKORY CREEK	
	named entity e of Florida.	submits this statement for the	e purpose of changing its registered o	office or registered agent, or both,	
SIGNATUR	RE: EDWIN	FRANCO		07/07/2008	
	Electro	onic Signature of Registered A	gent	Date	
		93(2)(b), F.S., the corporation diding Trust Fund Contribution ().	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD (STETTINIUS, 1001 HARRIS PARKTON, MI	MILL ROAD	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VD (FRANCO, EDV 110 HICKORY BRANDON, FI	CREEK	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	D (MAHER, JOHN 318 NORTHW		Title: (Name: Address:) Change ()Addition	

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.

City-St-Zip:

SIGNATURE: WILLIAM STETTINIUS PTD 07/07/2008