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Certified Copies	_ Certificates	of Status <u>* 4x * /x</u> .
Special Instructions to	Filing Officer:	
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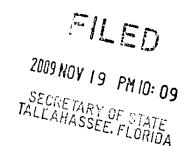
COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Matrix Management NV, Inc.
DOCUMENT NUMBER: F 6 9 6 6 6 6 6 7 6 4
The enclosed Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s) and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tony M. Paluer Name of Contact Person
Matrix Wat NV Firm/Company
3015 SW Pine Island Rd #1/3-44) Address
Cape Coval, FL 33991 City/State and Zip Code
tpalmer ita a easthlink, not l'E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tony M Ralwex at (702) 568-/445 Name of Contact Person at (702) S68-/445 Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for the following amount:
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

the grand property of





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

AND/OR DIRECTOR(S)	
(Note: Applicable only during the first calendar year of qualification)	
1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:	
Matrix Management NV, Inc.	
2. This entity was authorized to transact business in Florida on $02/19/2009$ and its Florida document	
number is <u>FØ9 ØØØ ØØØ ₹ØØ</u>	
3. This corporation was formed under the laws of Wevala	
4. The name and address of each officer and/or director is as follows:	
<u>Title:</u> <u>Name and Address</u>	
President Maureen C Ross	
3015 SW Pine Island Rd #113-441	
Cope Coral, FL 33991	
Secretary Tony M. Palmer	
Secretary Tony M. Palmer 3015 Sw Pine Island Rd #113-44	L
Cape Gral, FL 33991	
Treasurer Tony M. Palmer 3015 Sw Pine Island Rd #113-40	
	4
Cape Coval, FL 33991	
(Attach additional pages if necessary)	
Signature of an officer or director Signature of an officer or director Title of person signing	
Typed or printed name of person signing Filing FEE \$35	

Make checks payable to Florida Department of State and Mail to: Division of Corporations • PO Box 6327 • Tallahassee, FL 32314

CR2E127 (8/08)