## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 20, 2004 8:00 am Secretary of State

ANNUAL REPORT						Secretary of State					
DOCUMENT # F9400003421  1. Entity Name							01-20-2004 90064 037 ***150.00				
MATRIX	FINANCI	AL SERVICES COF	RPORATION								
Principal Plac	e of Business	S	Mailing Address							÷	
2133 WEST PEORIA AVENUE, SUITE 100 PHOENIX, AZ 85029		2133 WEST PEORIA AVENUE, SUITE 100 PHOENIX, AZ 85029									
0 Dain air at D	N		9 Mailia - Address								
2. Principal Place of Business		3. Mailing Address							<b>. 1891) - 1881 - 18</b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01072004	Chg-P	CR2	E034 (10/03)		
City & State			City & State				4. FEI Number 35-156			<u> </u>	oplied For ot Applicable
Zíp		Country	Zip	Coun	itry		5. Certificate	of Status Desired		\$8.75 Add	
	6. Name	and Address of Current I	Registered Agent				7. Name and	Address of New	Registere	d Agent	
CT CORP	ORATION	SYSTEM			Name						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION, FL 33324			S			Address (P.O. Box Number is Not Acceptable)					
	,										
					City				F	L Zip Cod	e
	named entit	y submits this statement for	the purpose of changing	j its register	ed office or	register	ed agent, or bo	th, in the State of F	lorida. la	n familiar with,	and accept
ine obligat	iions oi regisi	tered agent.									
0.0414700											
SIGNATURE	Signature, typed	or printed name of registered agent a	ind title if applicable.	(NOTE: Registere	ed Agent signati	ure required	when reinstating)		DATE		<del></del>
SIGNATURE	Signature, typed	or printed name of registered agent a		-					DATE		
÷ FIL	E NOW!!!	or printed name of registered agent a FEE IS \$150.00 4 Fee will be \$550.0	9. Election Car	mpaign Finar	ncing _	\$5.	when reinstating)  OO May Be ad to Fees		DATE		
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12. I hereby certify that the information supplied with this filling does not qualify 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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPEOOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ssistant Secretary 1/7/04 303-595-9898

Denver, Co 80202

Daytime Phone #

Attachment 24002214

## #F-94000003421 Matrix Financial Services Corporation Additions/Changes to Officers and Directors Continued

Title	V	Addition
Name	Gayle Chambers	
Street Address	2133 W. Peoria Avenue, Suite 100	
City-St-Zip	Phoenix, AZ 85029	
Title	V	Addition
Name	Ron Trunnell	
Street Address	2133 W. Peoria Avenue, Suite 100	
City-St-Zip	Phoenix, AZ 85029	