


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # H11481 1. Entity Name MATRIX DEVELOPMENT, INC.	
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Principal Place of Business 15717 OAKLAND AVENUE OAKLAND, FL 34760 US	Mailing Address P.O. BOX 488 OAKLAND, FL 34760 US
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2504128	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 ROHRER, DIANNE P 15731 OAKLAND AVE OAKLAND, FL 34760	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>U00000786835 01/17/08-80059-010 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, R.J. 15717 OAKLAND AVENUE OAKLAND, FL 34760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, CAROLYN 15717 OAKLAND AVENUE OAKLAND, FL 34760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROHRER, DIANNE P 15731 OAKLAND AVE OAKLAND, FL 34760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICK, P. LYNN 15717 OAKLAND AVENUE OAKLAND, FL 34760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICK, BEVERLY A 15717 OAKLAND AVENUE OAKLAND, FL 34760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADERS, CAROL P 15717 OAKLAND AVENUE OAKLAND, FL 34760	

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: Dianne Rohrer, Dianne Rohrer, 1/12/08 407-451-9893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #