2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H84123

Entity Name: ENGINEERING MATRIX, INC.

DALLMANN, PATRICK J

LARGO, FL

10442 LONGWOOD DRIVE

Name: Address:

City-St-Zip:

FILED Feb 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2860 SCHERER DRIVE NORTH SUITE 640 SAINT PETERSBURG, FL 33716 **New Mailing Address: Current Mailing Address:** 2860 SCHERER DRIVE NORTH SUITE 640 SAINT PETERSBURG, FL 33716 FEI Number: 59-2595977 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LYONS, GARY W 311 S. MISSOURI AVENUE US CLEARWATER, FL 33756 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition NEWTON, STANLEY P Name: Name: 601 OSCEOLA COURT NORTH Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33702 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: CROSBY, DONALD H Name: 5331 LAKE LE CLARE RD Address: Address: LUTZ, FL 33558 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition CROSBY, ANITA Name: Name: 5331 LAKE LE CLARE RD. Address: Address: City-St-Zip: LUTZ, FL 33558 City-St-Zip: Title: (X) Delete Title: () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: STANLEY P. NEWTOW PRES 02/27/2009