2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054413

Entity Name: MATRIX PRODUCTIONS, INC.

FILED Aug 20, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P O BOX 54-1095 2552 EAST YORK STREET OPA-LOCKA, FL 33054 0PA-LOCKA, FL 33054

Current Mailing Address: New Mailing Address:

P O BOX 54-1095 OPA-LOCKA, FL 33054

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAWRENCE, PATRINA
P O BOX 54-1095
OPA-LOCKA, FL 33054 US
LAWRENCE, VELONA
2552 EAST YORK STREET
OPA-LOCKA, FL 33054 US

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: VELONA LAWRENCE 08/20/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO () Delete Title: CEO (X) Change () Addition Name: LAWRENCE, VELONA Name: LAWRENCE, VELONA

 Address:
 2552 E YORK ST STE 2
 Address:
 2552 E YORK ST STE 2

 City-St-Zip:
 OPA-LOCKA, FL 33054
 City-St-Zip:
 OPA-LOCKA, FL 33054

Title: DIR () Delete Title: P (X) Change () Addition
Name: COPELAND ALEXIS Name: LAWRENCE PATRINA

 Name:
 COPELAND, ALEXIS
 Name:
 LAWRENCE, PATRINA

 Address:
 P O BOX 54-1095
 Address:
 P O BOX 54-1095

 City-St-Zip:
 OPA-LOCKA, FL 33054
 City-St-Zip:
 OPA-LOCKA, FL 33054

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.

SIGNATURE: PATRINA LAWRENCE P 08/20/2007