

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000080550

FILED
Jan 13, 2005
Secretary of State

Entity Name: MATRIX PAYROLL SERVICES, INC.

Current Principal Place of Business:

8280 PRINCETON SQUARE BLVD
SUITE 8
JACKSONVILLE, FL 32256

New Principal Place of Business:

9016 PHILIPS HIGHWAY
JACKSONVILLE, FL 32256

Current Mailing Address:

8280 PRINCETON SQUARE BLVD.
SUITE 8
JACKSONVILLE, FL 32256

New Mailing Address:

9016 PHILIPS HIGHWAY
JACKSONVILLE, FL 32256

FEI Number: 42-1547257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOBLES, JACOB K
8280 PRINCETON SQUARE BLVD.
SUITE 8
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

NOBLES, JACOB K
9016 PHILIPS HIGHWAY
JACKSONVILLE, FL 32256 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:

01/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NOBLES, JACOB K
Address: 8280 PRINCETON SQ BLVD. STE 8
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: SPADAFORA, JEFFREY L
Address: 8280 PRINCETON SQ BLVD. STE 8
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: PEREZ, WILLIAM L
Address: 8280 PRINCETON SQ BLVD. STE 8
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NOBLES, JACOB K
Address: 9016 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change () Addition
Name: SPADAFORA, JEFFREY L
Address: 9016 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change () Addition
Name: PEREZ, WILLIAM L
Address: 9016 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEFFREY SPADAFORA

VP

01/13/2005

Electronic Signature of Signing Officer or Director

Date