

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000054457

Entity Name: MATRIXWARE SYSTEMS INC.

FILED
Jan 08, 2004
Secretary of State

Current Principal Place of Business:

PO BOX 35
ELLENTON, FL

New Principal Place of Business:

5605 LEGACY CRESCENT PL
APT# 201
RIVERVIEW, FL 33569 US

Current Mailing Address:

PO BOX 35
ELLENTON, FL

New Mailing Address:

5605 LEGACY CRESCENT PL
APT# 201
RIVERVIEW, FL 33569 US

FEI Number: 81-0614390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAMPBELL, BRAD
5606 32ND ST E.
ELLENTON, FL 34222 US

Name and Address of New Registered Agent:

CAMPBELL, BRAD
5605 LEGACY CRESCENT PL
APT# 201
RIVERVIEW, FL 33569 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: BRAD CAMPBELL

01/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: CAMPBELL, BRAD
Address: PO BOX 35
City-St-Zip: ELLENTON, FL

Title: DVS () Delete
Name: CAMPBELL, CRYSTAL
Address: PO BOX 35
City-St-Zip: ELLENTON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: CAMPBELL, BRAD
Address: 5605 LEGACY CRESCENT PL APT#201
City-St-Zip: RIVERVIEW, FL 33569 US

Title: DVS (X) Change () Addition
Name: CAMPBELL, CRYSTAL
Address: 5605 LEGACY CRESCENT PL APT#201
City-St-Zip: RIVERVIEW, FL 33569 US

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: BRAD CAMPBELL

DPT

01/08/2004

Electronic Signature of Signing Officer or Director

Date