

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000054457

Entity Name: MATRIXWARE SYSTEMS INC.

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

19811 STRATHMORE PLACE
LAND O' LAKES, FL 34639 US

New Principal Place of Business:

19811 STRATHMORE PLACE
LAND O' LAKES, FL 34638 US

Current Mailing Address:

19811 STRATHMORE PLACE
LAND O' LAKES, FL 34639 US

New Mailing Address:

19811 STRATHMORE PLACE
LAND O' LAKES, FL 34638 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
19811 STRATHMORE PLACE
LAND O' LAKES, FL 34639 US

Name and Address of New Registered Agent:

CAMPBELL, BRAD
19811 STRATHMORE PLACE
LAND O' LAKES, FL 34638 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:

04/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: CAMPBELL, BRAD
Address: 19811 STRATHMORE PLACE
City-St-Zip: LAND O' LAKES, FL 34639 US

Title: DVS () Delete
Name: CAMPBELL, CRYSTAL
Address: 19811 STRATHMORE PLACE
City-St-Zip: LAND O' LAKES, FL 34639 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: CAMPBELL, BRAD
Address: 19811 STRATHMORE PLACE
City-St-Zip: LAND O' LAKES, FL 34638 US

Title: DVS (X) Change () Addition
Name: CAMPBELL, CRYSTAL
Address: 19811 STRATHMORE PLACE
City-St-Zip: LAND O' LAKES, FL 34638 US

I hereby certify that the information supplied with this filing does not qualify for the 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: BRAD CAMPBELL

DPT

04/30/2006

Electronic Signature of Signing Officer or Director

Date