## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 30, 2007 08:00 A Secretary of State DOCUMENT # P04000100035 1. Entity Name MATRIX 1, INC. Principal Place of Business Mailing Address PO BOX 1543 PO BOX 1543 SARASOTA, FL 34230 SARASOTA, FL. 34230 No Chg-P CR2E034 (11/05) 04272007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 83-0402235 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FAY, JOHN 707 S GULFSTREAM AVE #701 SARASOTA, FL 34236 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE FAY, JOHN NAME 707 S GULFSTREAM AVE #701 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 U000000740918 TITLE 05/15/07-80009-002 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CICMATIDE.

NAME STREET ADDRESS CITY-ST-ZIP

Martoy, Passio

RESIDENT 4/27/07

941-373-0000