


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P34035
 1. Entity Name
JYY MATRIX SYSTEMS, INC.



Principal Place of Business Mailing Address
7550 PARAGON RD. **7550 PARAGON RD.**
DAYTON, OH 45459 **DAYTON, OH 45459**



03282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
31-0902711 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	YOUNG, JAMES S COB
STREET ADDRESS	7550 PARAGON ROAD
CITY-ST-ZIP	DAYTON, OH 45459
TITLE	VPD
NAME	YOUNG, JEFFREY S COB
STREET ADDRESS	7550 PARAGON RD.
CITY-ST-ZIP	DAYTON, OH 45459
TITLE	S
NAME	JENKINS, JOSEPH C
STREET ADDRESS	7550 PARAGON RD
CITY-ST-ZIP	DAYTON, OH 45459
TITLE	AS
NAME	BROOCK, RICHARD A
STREET ADDRESS	1100 COURTHOUSE PLZ S W
CITY-ST-ZIP	DAYTON, OH 45402
TITLE	AS
NAME	HELMS, WALTER
STREET ADDRESS	7550 PARAGON RD
CITY-ST-ZIP	DAYTON, OH 45459
TITLE	CFO
NAME	SCHOMBURG, JOHN W
STREET ADDRESS	7550 PARAGON RD
CITY-ST-ZIP	DAYTON, OH 45459

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 04/26/06-80099-011 150.00

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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

SIGNATURE: *John W. Schomburg* John W. Schomburg 4/13/06 (937) 438-9033
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 CFO