


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90387 014 ***150.00

DOCUMENT # P34035					
1. Entity Name JYY MATRIX SYSTEMS, INC.					
Principal Place of Business 7550 PARAGON RD. DAYTON, OH 45459			Mailing Address 7550 PARAGON RD. DAYTON, OH 45459		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04162007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 31-0902711	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YOUNG, JAMES S COB		NAME		
STREET ADDRESS	7550 PARAGON ROAD		STREET ADDRESS		
CITY-ST-ZIP	DAYTON, OH 45459		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YOUNG, JEFFREY S COB		NAME		
STREET ADDRESS	7550 PARAGON RD.		STREET ADDRESS		
CITY-ST-ZIP	DAYTON, OH 45459		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JENKINS, JOSEPH C		NAME		
STREET ADDRESS	7550 PARAGON RD		STREET ADDRESS		
CITY-ST-ZIP	DAYTON, OH 45459		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROOCK, RICHARD A		NAME		
STREET ADDRESS	1100 COURTHOUSE PLZ S W		STREET ADDRESS		
CITY-ST-ZIP	DAYTON, OH 45402		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HELMS, WALTER		NAME		
STREET ADDRESS	7550 PARAGON RD		STREET ADDRESS		
CITY-ST-ZIP	DAYTON, OH 45459		CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHOMBURG, JOHN W		NAME		
STREET ADDRESS	7550 PARAGON RD		STREET ADDRESS		
CITY-ST-ZIP	DAYTON, OH 45459		CITY-ST-ZIP		
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: <i>Joe Jenkins</i>		JOE JENKINS CORPORATE SECRETARY 4/17/07 937-498-2023			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
BATTELLE & BATTELLE LLP 31-0210560					