


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # P94000010477 1. Entity Name PROMATRIX CORPORATION		
Principal Place of Business 5364 EHRlich ROAD SUITE 370 TAMPA, FL 33624 US		Mailing Address 5364 EHRlich ROAD SUITE 370 TAMPA, FL 33624 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LAWSON, JOSEPH E 5103 LANAI WAY TAMPA, FL 33624		DO NOT WRITE 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 <u>Joseph E. Lawson</u> 4/22/06 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAWSON, JOSEPH E 5103 LANAI WAY TAMPA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, STEVEN E 5364 EHRlich ROAD STE. 370 TAMPA, FL 33624	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV LAWSON, LISA M 5103 LANAI WAY TAMPA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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: <u>Joseph E. Lawson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/22/06 813 963-2610 <small>Date Daytime Phone #</small>



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3224198	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/11/06-80084-008 150.00

**DO NOT WRITE
IN THIS SPACE**