


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90127 023 ***158.75

DOCUMENT # P97000012866	
1. Entity Name ANIMATRIX, INC.	

Principal Place of Business 1034 GREYSTONE LANE SARASOTA, FL 34232	Mailing Address 1034 GREYSTONE LANE SARASOTA, FL 34232
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40060660

2. Principal Place of Business 3780 Eagle Hammock Dr	3. Mailing Address 3780 Eagle Hammock Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SAARASOTA FL	City & State SAARASOTA FL
Zip 34240	Zip 34240
Country SAARASOTA	Country SAARASOTA

02152005 Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent FULLER, WILLIAM J III 630 S ORANGE STE 104 SARASOTA, FL 34238		7. Name and Address of New Registered Agent Name - William J Fuller III Street Address (P.O. Box Number is Not Acceptable) 420 BURNS COURT 423 City SARASOTA FL Zip Code 34236	
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANIEL, MARK <input checked="" type="checkbox"/> Delete 1034 GREYSTONE LN SARASOTA, FL 34232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANIEL MARK <input type="checkbox"/> Delete 3780 Eagle Hammock Dr SARASOTA FL 34240	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mark Daniel President 3-505 94379-6275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #