2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005717

AGNELLI, OLIVIA

ORLANDO, FL 32835

6064 RALEIGH ST., APT. 2505

Name:

Address: City-St-Zip:

Entity Name: MIND OVER MATTER, INC.

FILED Jul 02, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5950 LAKEHURST DR. 3346 / 3358 CURRY FORD RD. ORLANDO, FL 32806 STE. 246 ORLANDO, FL 32819 **New Mailing Address: Current Mailing Address:** P.O. BOX 721037 ORLANDO, FL 32872 FEI Number: 59-3728504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NUNEZ, VOLTAIRE E NUNEZ, VOLTAIRE E 8713 CÁTBRIAR WAY 8713 CÁTBRIAR BAY WAY US ORLANDO, FL 32829 ORLANDO, FL 32829 US 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. SIGNATURE: 07/02/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete NUNEZ, VOLTAIRE E NUNEZ. VOLTAIRE E Name: Name: 8713 CATBRIAR WAY Address: 8713 CATBRIAR BAY WAY Address: ORLANDO, FL 32829 City-St-Zip: ORLANDO, FL 32829 City-St-Zip: Title: () Delete Title: () Change () Addition Name: NUNEZ, DEBBIE J Name: Address: 7445 HOLLOW RIDGE CIR. Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: () Delete Title: () Change () Addition SENA DE SILVA, CLEYDE C Name: Name: Address: 17 PARKING SONIA CT. 201 Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: Title: DT () Delete Title: () Change () Addition Name: RIVERA, SEVERINA C Name: Address: 285 WYMORE RD., APT. 206 Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: Title: DS () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: VOLTAIRE NUNEZ DP 07/02/2005