## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000099166

1. Entity Name MIND OVER MONEY CORP



**FILED** Apr 20, 2007 08: Secretary of S

Principal Place of Business

Mailing Address

		T LAUDERDALE, FL 33308		_ _			
D	O NOT WRITE II	CE	04172007  4. FEI Number 11-293	No Chg-P	CR2E034 (1		
	6. Name and Address of Current Regis		<u></u>				
MEREDITH, HOLLY 3235 PORT ROYALE DR, APT G FT LAUDERDALE, FL 33308			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  SIGNATURE  (NOTE: Registered Agent signature required when reinsteiling)  DATE							
FILI After Ma	E NOW!!! FEE IS \$150.00 by 4, 2007 Fee will be \$550.00	ncing \$5	5.00 May Be ded to Fees				
10.	OFFICERS AND DIRE	CTORS	•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEREDITH, HOLLY 3235 PORT ROYALE DR., APT. G FORT LAUDERDALE, FL 33308						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE  NAME  STREET ADDRESS   CITY-ST-ZIP				IN <sup>-</sup>	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					UBBO	10720234	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							14 150.00
	certify that the information supplied with this	filing does not qualify for the ex	emptions contains	ed in Chapter 11	9, Florida Statutes. I	further certify th	at 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:** 

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9545656111