

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000029993

FILED  
Jan 21, 2005  
Secretary of State

Entity Name: YOUR MONEY MATTERS, INC.

**Current Principal Place of Business:**

375 SPRING FOREST DR.  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

375 SPRING FOREST DR.  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

FEI Number: 59-3567705      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARR, PENELOPE  
375 SPRING FOREST DR.  
NEW SMYRNA BEACH, FL 32168      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: PARR, PENELOPE  
Address: 375 SPRING FOREST DR.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: V      ( ) Delete  
Name: PARR, MICHAEL J  
Address: 375 SPRING FOREST DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC      ( ) Change (X) Addition  
Name: PARR, MICHAEL J JR  
Address: 375 SPRING FOREST DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TRES      ( ) Change (X) Addition  
Name: NICHOLAS, PARR D  
Address: 375 SPRING FOREST DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PENELOPE PARR

P

01/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date