

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000029993

FILED
Jan 09, 2006
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:

3959 SOUTH NOVA ROAD
SUITE 21
PORT ORANGE, FL 32127

Current Mailing Address:

375 SPRING FOREST DR.
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

P.O. BOX 291304
PORT ORANGE, FL 321291304

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:

PARR, PENELOPE
3959 SOUTH NOVA ROAD
SUITE 21
PORT ORANGE, FL 32127 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: PENELOPE PARR

01/09/2006

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPS (X) Change () Addition
Name: PARR, PENELOPE
Address: 3959 SOUTH NOVA ROAD #21
City-St-Zip: PORT ORANGE, FL 32127

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

PVPS

01/09/2006

Electronic Signature of Signing Officer or Director

Date