

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90006 012 ***150.00

DOCUMENT # K90100 1. Entity Name MIND MATTERS, INC.			
Principal Place of Business 5618 ASPEN RIDGE CIRCLE DELRAY BEACH, FL 33484 US		Mailing Address 5618 ASPEN RIDGE CIRCLE DELRAY BEACH, FL 33484 US	
2. Principal Place of Business 12104 Oakvista Dr. Suite, Apt. #, etc.		3. Mailing Address 12104 Oakvista Dr Suite, Apt. #, etc.	
City & State Boynton Beach, FL Zip Country 33437 USA		City & State Boynton Beach, FL Zip Country 33437 USA	
4. FEI Number 65-0120946		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZIMMERMAN, JED B 5618 ASPEN RIDGE CIRCLE DELRAY BEACH, FL 33484		7. Name and Address of New Registered Agent Name Jed B. Zimmerman Street Address (P.O. Box Number is Not Acceptable) 12104 Oakvista Drive City State Zip Code Boynton Beach FL 33437	
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: Jed B. Zimmerman PD Date: March 2 2004 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete	NAME ZIMMERMAN, JED B	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 12104 Oakvista DR
STREET ADDRESS 5618 ASPEN RIDGE CIRCLE	CITY-ST-ZIP DELRAY BEACH, FL	STREET ADDRESS Boynton Beach FL	CITY-ST-ZIP 33437
TITLE D <input type="checkbox"/> Delete	NAME ZIMMERMAN, ANNMARIE	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 12104 Oakvista DR
STREET ADDRESS 5618 ASPEN RIDGE CIRCLE	CITY-ST-ZIP DELRAY BEACH, FL	STREET ADDRESS Boynton Beach FL	CITY-ST-ZIP 33437
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STREET ADDRESS <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	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: Jed B. Zimmerman <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: March 2 2004 Daytime Phone #: 561-445-0156	