

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005717

Entity Name: MIND OVER MATTER, INC.

FILED
Feb 04, 2004
Secretary of State

Current Principal Place of Business:

8713 CATBRIAR WAY
ORLANDO, FL 32829

New Principal Place of Business:

1510 E. COLONIAL DR
307
ORLANDO, FL 32803

Current Mailing Address:

P.O. BOX 721037
ORLANDO, FL 32872

New Mailing Address:

FEI Number: 59-3728504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NUNEZ, VOLTAIRE E
8713 CATBRIAR WAY
ORLANDO, FL 32829 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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NUNEZ, VOLTAIRE E
Address: 8713 CATBRIAR WAY
City-St-Zip: ORLANDO, FL 32829

Title: DVP () Delete
Name: NUNEZ, DEBBIE J
Address: 7445 HOLLOW RIDGE CIR.
City-St-Zip: ORLANDO, FL 32822

Title: DC () Delete
Name: NUNEZ, TERESA
Address: 8713 CATBRIAR BAY WAY
City-St-Zip: ORLANDO, FL 32829

Title: DT () Delete
Name: RIVERA, SEVERINA C
Address: 285 WYMORE RD., APT. 206
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DS () Delete
Name: AGNELLI, OLIVIA
Address: 6064 RALEIGH ST., APT. 2505
City-St-Zip: ORLANDO, FL 32835

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

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

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

Title: D () Change (X) Addition
Name: SALCEDO, ANA
Address: 2622 DUNRAVEN CT
City-St-Zip: KISSIMMEE, FL 34743 US

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.

SIGNATURE: VOLTAIRE E NUNEZ

DP

02/04/2004

Electronic Signature of Signing Officer or Director

Date

CARMEN CARMO
2808 RIPTON CT
ORLANDO, FL 32835