2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005717

Title:

Name:

Address:

City-St-Zip:

DS

AGNELLI, OLIVIA

ORLANDO, FL 32835

() Delete

6064 RALEIGH ST., APT. 2505

Entity Name: MIND OVER MATTER, INC.

FILED Feb 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3346 / 3358 CURRY FORD RD. 3346 CURRY FORD RD. ORLANDO, FL 32806 ORLANDO, FL 32806 **Current Mailing Address: New Mailing Address:** P.O. BOX 721037 ORLANDO, FL 32872 FEI Number: 59-3728504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NUNEZ, VOLTAIRE E 8713 CÁTBRIAR BAY WAY ORLANDO, FL 32829 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition NUNEZ, VOLTAIRE E Name: Name: 8713 CATBRIAR BAY WAY Address: Address: City-St-Zip: ORLANDO, FL 32829 City-St-Zip: Title: () Delete Title: () Change () Addition Name: NUNEZ, DEBBIE J Name: Address: 7445 HOLLOW RIDGE CIR. Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: () Delete Title: () Change () Addition SENA DE SILVA, CLEYDE C Name: Name: Address: 17 PARKING SONIA CT. 201 Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: Title: DT () Delete Title: () Change () Addition Name: RIVERA, SEVERINA C Name: Address: 285 WYMORE RD., APT. 206 Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: VOLTAIRE NUNEZ DP 02/03/2007

() Change () Addition