2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000021145

Entity Name: MENTORS2YOU, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2012 NW 55 WAY 4036 NW 90TH AVE LAUDERHILL, FL 33313 SUNRISE, FL 33351

Current Mailing Address: New Mailing Address:

2012 NW 55 WAY P.O.BOX 17956 LAUDERHILL, FL 33313 PLANTATION, FL 33318

FEI Number: 04-3609986 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SICKLES, BARRY M ESQ.
3300 UNIVERSITY DRIVE SUITE #210
CORAL SPRINGS, FL 33065 US

MALONEY, CLIFTON D
4036 NW 90TH AVE
SUNRISE, FL 33351 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: CLIFTON MALONEY 04/29/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 MALONEY, CLIFTON
 Name:
 MALONEY, CLIFTON

 Address:
 2012 NW 55 WAY
 Address:
 4036 NW 90TH AVE

 City-St-Zip:
 LAUDERHILL, FL 33313
 City-St-Zip:
 SUNRISE, FL 33351

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: CLIFTON MALONEY PRES 04/29/2005