

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90306 027 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                                                                                                                                                                                               |                                 |                                                                                                                      |                                                                                      |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
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| <b>DOCUMENT # P02000071857</b><br>1. Entity Name<br><b>FINANCES IN MOTION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      |                                                                                                                                                                                                                               |                                 |                                                                                                                      |                                                                                      |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| Principal Place of Business<br><b>1956-211E CHALET BOULEVARD<br/>BOYNTON, FL 33436</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      | Mailing Address<br><b>811 NW 7TH STREET<br/>BOCA RATON, FL 33486</b>                                                                                                                                                          |                                 |                                                                                                                      |                                                                                      |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| 2. Principal Place of Business<br><b>14801 99th Street North</b><br>Suite, Apt. #, etc.<br><b>West Palm Beach, FL 33412</b><br>City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                      | 3. Mailing Address<br><b>14801 99th Street N.</b><br>Suite, Apt. #, etc.<br><b>West Palm Beach, FL</b><br>City & State                                                                                                        |                                 |                                                                                                                      |                                                                                      |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| Zip<br><b>33412</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Country<br><b>United States</b>                                                      | Zip<br><b>33412</b>                                                                                                                                                                                                           | Country<br><b>U.S.A</b>         |                                                                                                                      |                                                                                      |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| 4. Name and Address of Current Registered Agent<br><b>BRECKER, BARBARA A<br/>811 NW 7TH STREET<br/>BOCA RATON, FL FLORIDA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      | 7. Name and Address of New Registered Agent<br>Name <b>Barbara A. Brecker</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>14801 99th Street North</b><br>City <b>West Palm Beach</b> FL Zip Code <b>33412</b> |                                 |                                                                                                                      |                                                                                      |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      |                                                                                                                                                                                                                               |                                 |                                                                                                                      |                                                                                      |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| 6. 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.<br>SIGNATURE <u><i>mm</i></u> DATE <u>04/25/03</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                                                                                                                                                                               |                                 |                                                                                                                      |                                                                                      |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| 8. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      | 9. <b>CR00004 (10/02)</b>                                                                                                                                                                                                     |                                 |                                                                                                                      |                                                                                      |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE<br/>P<br/>           NAME<br/>BRECKER, BARBARA A<br/>           STREET ADDRESS<br/>811 NW 7TH STREET<br/>           CITY-ST-ZIP<br/>BOCA RATON, FL 33486         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE<br/>V<br/>           NAME<br/>HERTER, PATRICIA<br/>           STREET ADDRESS<br/>811 NW 7TH STREET<br/>           CITY-ST-ZIP<br/>BOCA RATON, FL 33486         </td> <td style="padding: 2px;"> <input checked="" type="checkbox"/> Delete<br/> <i>see attached transmittal letter</i> </td> </tr> <tr> <td style="padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> </table> |                                                                                      | TITLE<br>P<br>NAME<br>BRECKER, BARBARA A<br>STREET ADDRESS<br>811 NW 7TH STREET<br>CITY-ST-ZIP<br>BOCA RATON, FL 33486                                                                                                        | <input type="checkbox"/> Delete | TITLE<br>V<br>NAME<br>HERTER, PATRICIA<br>STREET ADDRESS<br>811 NW 7TH STREET<br>CITY-ST-ZIP<br>BOCA RATON, FL 33486 | <input checked="" type="checkbox"/> Delete<br><i>see attached transmittal letter</i> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>P<br>NAME<br>BRECKER, BARBARA A<br>STREET ADDRESS<br>811 NW 7TH STREET<br>CITY-ST-ZIP<br>BOCA RATON, FL 33486                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                      |                                                                                                                                                                                                                               |                                 |                                                                                                                      |                                                                                      |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| TITLE<br>V<br>NAME<br>HERTER, PATRICIA<br>STREET ADDRESS<br>811 NW 7TH STREET<br>CITY-ST-ZIP<br>BOCA RATON, FL 33486                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> Delete<br><i>see attached transmittal letter</i> |                                                                                                                                                                                                                               |                                 |                                                                                                                      |                                                                                      |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                      |                                                                                                                                                                                                                               |                                 |                                                                                                                      |                                                                                      |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                      |                                                                                                                                                                                                                               |                                 |                                                                                                                      |                                                                                      |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                      |                                                                                                                                                                                                                               |                                 |                                                                                                                      |                                                                                      |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                      |                                                                                                                                                                                                                               |                                 |                                                                                                                      |                                                                                      |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |                                                                                                                                                                                                                               |                                 |                                                                                                                      |                                                                                      |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |                                                                                                                                                                                                                               |                                 |                                                                                                                      |                                                                                      |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |                                                                                                                                                                                                                               |                                 |                                                                                                                      |                                                                                      |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |                                                                                                                                                                                                                               |                                 |                                                                                                                      |                                                                                      |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: <u><i>mm</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      | Date <u>04/25/03</u> <u>561-333-1131</u><br><small>Date</small>                                                                                                                                                               |                                 |                                                                                                                      |                                                                                      |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |

Attachment  
PO2000071857-11089924  
TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Finances in Motion, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: PO2000071857

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia Herter  
(Name of Person)

Finances In Motion, Inc.  
(Name of Firm/Company)

4425 Stevens Road  
(Address)

Lake Worth, Florida 33461-4448  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara A. Brecker at ( 561 ) 333-1131  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399