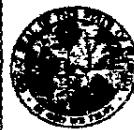


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000082896

1. Entity Name
MATH MATTERS, INC.



Principal Place of Business
4829 BACKACRE LANE
ORLANDO, FL 32806

Mailing Address
4829 BACKACRE LANE
ORLANDO, FL 32806

DO NOT WRITE IN THIS SPACE

FILED
Apr 24, 2006 08:00 AM
Secretary of State



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 81-0564243	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSELY, DANA T
4829 BACKACRE LANE
ORLANDO, FL 32806

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME MOSELY, DANA
STREET ADDRESS 4829 BACKACRE
CITY-ST-ZIP ORLANDO, FL 32806

TITLE VTD
NAME BOYHAN, PATRICK
STREET ADDRESS 4828 BACKACRE
CITY-ST-ZIP ORLANDO, FL 32806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000527833
05/05/06-80018-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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: Dana T. Moseley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06 (407) 851-0444
Date Daytime Phone #