2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# P02000093239

Entity Name: MONEY MATTERS TAX & ACCOUNTING SERVICES, INC.

Current Principal Place of Business:

6635 NW 39 STREET
VIRGINIA GARDENS, FL 33166

New Principal Place of Business:

Current Mailing Address:

P O BOX 660126
MIAMI SPRINGS, FL 33266

New Mailing Address:

FEI Number: 20-1067710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINGO, ROBIN L
820 WREN AVENUE
MIAMI SPRINGS, FL 33166 US

Name and Address of New Registered Agent:

LEYENDECKER, DANNYN J
6635 NW 39 ST
VIRGINIA GARDENS, FL 33166 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DJLEYENDECKER 05/01/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: LINGO, ROBIN L L
Address: 820 WREN AVENUE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: STD ( ) Delete
Name: LEYENDECKER, DANNYN J
Address: 6635 NW 39 STREET
City-St-Zip: VIRGINIA GARDENS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LINGO, ROBIN L L
Address: 820 WREN AVENUE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: PSTD (X) Change ( ) Addition
Name: LEYENDECKER, DANNYN J
Address: 6635 NW 39 STREET
City-St-Zip: VIRGINIA GARDENS, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DJLEYENDECKER PSTD 05/01/2005
Electronic Signature of Signing Officer or Director Date