2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # P03000009435 Feb 10, 2006 08:00 AM Secretary of State t. Entity Name YOUR MONEY NOW, INC. Principal Place of Business Mailing Address 3110 1ST AVENUE NORTH 3110 1ST AVENUE NORTH ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For 76-0723157 Not Applicable 2ip Country Country Zφ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLOYD, JAMES E JR. Street Address (P.O. Box Number is Not Acceptable) 3110 1ST AVENUE NORTH ST. PETERSBURG FL 33713 City Zip Code 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. (am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title it applicable DATE (NOTE: Registered Agent orgnature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8: After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO DESIGERS AND DIRECTORS IN 11 11. 02/21/06-80050-02P 958. nc ☐ Delele IIILE TITLE NAME FLOYD, JAMES E JR. NAME STREET ADDRESS 527 LILLIAN DRIVE STREET ADDRESS CITY-ST-ZIP MADEIRA BEACH FL 33708 CITY-SI-ZIP TITLE Detete TITLE ☐ Chance Addiii NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ____ Delete Addition HILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addili-HANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change 🔲 Addiiii TITLE Delete THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP Ad m TITLE Oelete TITLE Change MALS NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other the empowered

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR