2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132945

Entity Name: SIMPLIFYNANCE CORPORATIONS

FILED Mar 14, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5205 WARRIOR LANE KISSIMMEE, FL 34746 US **Current Mailing Address: New Mailing Address:** 5205 WARRIOR LANE KISSIMMEE, FL 34746 US FEI Number: 45-0529745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEGALZOOM NEVADA INC JON E. GOOD 44 W. FLAGLER ST. 5205 WARRIOR LANE SUITE 675 KISSIMMEE, FLORIDA, FL 34746 US MIAMI, FL 33130 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: JON E. GOOD 03/14/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRES () Delete Title: () Change () Addition GOOD, EVELYN JORDA Name: Name: 5205 WARRIOR LANE Address: Address: City-St-Zip: KISSIMMEE, FL 34736 US City-St-Zip: Title: DIR () Delete Title: () Change () Addition Name: GOOD, JON E Name: 5205 WARRIOR LANE Address: Address: KISSIMMEE, FL 34736 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: EVELYN J. GOOD **PRES** 03/14/2006