## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000132945

Entity Name: SIMPLIFYNANCE CORPORATIONS

FILED Apr 15, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

5205 WARRIOR LANE KISSIMMEE, FL 34746 US

Current Mailing Address: New Mailing Address:

US

5205 WARRIOR LANE
KISSIMMEE, FL 34746 US
SUITE 237
ORLANDO, FL 32821 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:

JON E. GOOD 5205 WARRIOR LANE KISSIMMEE, FLORIDA, FL 34746

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:

Electronic Signature of Registered Agent Date

Title:

Name:

Address:

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

8131 VINELAND AVENUE, SUITE 237

(X) Change ( ) Addition

 Title:
 PRES ( ) Delete

 Name:
 GOOD, EVELYN JORDA

 Address:
 5205 WARRIOR LANE

City-St-Zip: KISSIMMEE, FL 34736 US

Title: DIR ( ) Delete

Name: GOOD, JON E Address: 5205 WARRIOR LANE

Address: 5205 WARRIOR LANE Addre
City-St-Zip: KISSIMMEE, FL 34736 US City-St-Zip: KISSIMMEE, FL 34736 US

City-St-Zip: ORLANDO, FL 32821 US

GOOD, EVELYN J

Title: DIR (X) Change ( ) Addition Name: GOOD, JON E

PRFS

Address: 8131 VINELAND AVENUE, SUITE 237

City-St-Zip: ORLANDO, FL 32821 US

I hereby certify that the information supplied with this filing does not qualify 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 GOOD PRES 04/15/2009