

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000058713

Entity Name: MARRIED TO MONEY, INC.

FILED  
Apr 30, 2007  
Secretary of State

**Current Principal Place of Business:**

5013 WATER VISTA DRIVE  
ORLANDO, FL 32821

**New Principal Place of Business:**

**Current Mailing Address:**

5013 WATER VISTA DRIVE  
ORLANDO, FL 32821

**New Mailing Address:**

FEI Number: 20-4766648

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCDANIEL, TRISTAN  
5013 WATER VISTA DRIVE  
ORLANDO, FL 32821 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCDANIEL, TRISTAN  
Address: 5013 WATER VISTA DRIVE  
City-St-Zip: ORLANDO, FL 32821 US

Title: VP ( ) Delete  
Name: BURNETT, COREY  
Address: 538 WECHSLER CIRCLE  
City-St-Zip: ORLANDO, FL 32824 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TRISTAN S. MCDANIEL

P

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date