2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 08:00 AN Secretary of State DOCUMENT # P93000060217 A PENNY FOR YOUR THOUGHTS, INC. Mailing Address Principal Place of Business P.O. BOX 331178 3278 THOMAS AVENUE MIAMI, FL 33133 MIAMI, FL 33233 04282005 No Cha-P CR2E034 (10/03) Applied For 4. FEI Number 65-0440113 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARSHALL, HOUSTON DO NOT WRITE 3278 THOMAS AVENUE MIAMI, FL 33133 IN THIS SPACE . 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE !S \$150.00 After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE MARSHALL HOUSTON III NAÆ STREET ADDRESS 3728 THOMAS AVENUE CHY-ST-ZIP MIAMI, FL 33133 THELE KALE U00000355535 STREET ADJRESS 05/03/05-80151-020 150.00 CITY-ST-ZIP TITLE NULE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE nar NUME STREET ADDRESS CITY-ST-ZIP TITLE HAVE STREET ADURESS CITY-ST-7IP TITLE NALÆ STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 it 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASCULO MALALLETT, HOUSTON MARSHAIL, III 4-29-05 505-441-1198)
SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

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