

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90034 049 \*\*\*150.00

<b>DOCUMENT # P95000081412</b> 1. Entity Name <b>LET'S TALK MONEY, INC.</b>					
Principal Place of Business <del>2909 W NEW HAVEN AVE</del> <b>MELBOURNE, FL 32904</b> <i>1341 Bedford Dr Ste B</i> <i>Melbourne, FL 32940</i>			Mailing Address <del>2909 W NEW HAVEN AVE</del> <b>MELBOURNE, FL 32904</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
<b>6. Name and Address of Current Registered Agent</b>  <b>JONES, RICHARD O</b> <b>1250 EAU GALLIE BLVD. STE H</b> <b>MELBOURNE, FL 32935</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				4. FEI Number <b>59-3351615</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
SIGNATURE: <i>James A Farrish</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <i>1/23/07</i>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP	
PSTD FARRISH, JAMES A 2909 W NEW HAVEN AVE MELBOURNE, FL 32904				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>James A Farrish</i> President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <i>1/23/07</i> Daytime Phone #					