


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P96000012623</b><br>1. Entity Name<br>MONEYCOUNTS, INC.. |  |
|--|---|

|   |  |
|---|--|
| Principal Place of Business<br>5507 SE 111 ST<br>BELLEVIEW, FL 34420 US | Mailing Address<br>POB 99<br>BELLEVIEW, FL 34421-0099 US |
|---|--|



04262005 No Chg-P CR2E034 (10/03)

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|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>59-3358519                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

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|--|
| 6. Name and Address of Current Registered Agent<br><br>DUNHAM, LINDA<br>12907 SE 30TH COURT<br>BELLEVIEW, FL 34420 |
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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PVTS<br>DUNHAM, LINDA<br>12907 SE 30TH CT<br>BELLEVIEW, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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05/02/05-80078-004 150.00

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12. I hereby certify that the information supplied with this filing 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 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:** Linda Dunham **LINDA DUNHAM** 4-29-05 352-347-7353  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #