2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000063776

Entity Name: STUDENT MATTERS, INC.

FILED Jan 10, 2005 Secretary of State

Current Principal Place of Business: New Principal Place	of Business:
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432 STANTON PLACE 3923 HAWS LANE LONGWOOD, FL 32779 ORLANDO, FL 32814

Current Mailing Address: New Mailing Address:

432 STANTON PLACE
LONGWOOD, FL 32779

3923 HAWS LANE
ORLANDO, FL 32814

FEI Number: 59-3587715 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:

TAYLOR, DAVID
432 STANTON PLACE
LONGWOOD, FL 32779 US
TAYLOR, DAVID
3923 HAWS LANE
ORLANDO, FL 32814 US

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: 01/10/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: TAYLOR, DAVID Name: TAYLOR, DAVID

Address: 432 STANTON PLACE Address: 3923 HAWS LANE City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: ORLANDO, FL 32814

Title: D () Delete Title: D (X) Change () Addition

 Name:
 TAYLOR, KATHY
 Name:
 TAYLOR, KATHY

 Address:
 432 STANTON PLACE
 Address:
 3923 HAWS LANE

 City-St-Zip:
 LONGWOOD, FL 32779
 City-St-Zip:
 ORLANDO, FL 32814

Title: D () Delete Title: D (X) Change () Addition Name: FURUKAWA, DANNY Name: FURUKAWA, DANNY

 Name:
 FURUKAWA, DANNY
 Name:
 FURUKAWA, DANNY

 Address:
 432 STANTON PLACE
 Address:
 3923 HAWS LANE

 City-St-Zip:
 LONGWOOD, FL 32779
 City-St-Zip:
 ORLANDO, FL 32814

Title: D () Delete Title: D (X) Change () Addition

 Name:
 WALL, KYLE
 Name:
 WALL, KYLE

 Address:
 432 STANTON PLACE
 Address:
 3923 HAWS LANE

 City-St-Zip:
 LONGWOOD, FL 32779
 City-St-Zip:
 ORLANDO, FL 32814

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 TAYLOR, SARAH
 Name:
 TAYLOR, SARAH

 Address:
 432 STANTON PLACE
 Address:
 3923 HAWS LANE

 City-St-Zip:
 LONGWOOD, FL 32779
 City-St-Zip:
 ORLANDO, FL 32814

Title: D () Delete Title: D (X) Change () Addition

 Name:
 MCPHERSON, CHRIS
 Name:
 MCPHERSON, CHRIS

 Address:
 432 STANTON PLACE
 Address:
 3923 HAWS LANE

 City-St-Zip:
 LONGWOOD, FL 32779
 City-St-Zip:
 ORLANDO, FL 32814

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID TAYLOR PD 01/10/2005