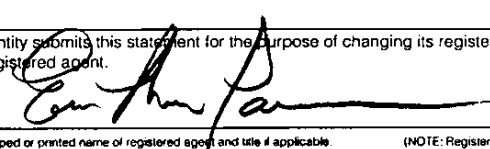
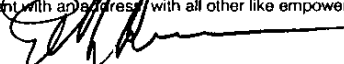


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90013 044 *****70.00

DOCUMENT # N06000005598 1. Entity Name PERSONAL FINANCE EMPLOYEE EDUCATION FOUNDATION INC.					
Principal Place of Business 9402 SE 174TH LOOP SUMMERFIELD, FL 34491			Mailing Address 9402 SE 174TH LOOP SUMMERFIELD, FL 34491		
2. Principal Place of Business - No P.O. Box # Same as 1		3. Mailing Address Same as 1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02282007 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-1276324				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARMAN, ERIC T 9402 SE 174TH LOOP SUMMERFIELD, FL 34491			7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				DATE 2/28/7	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORGUE, RAYMOND E 9402 SE 174TH LOOP SUMMERFIELD, FL 34491	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, JINHEE 9402 SE 174TH LOOP SUMMERFIELD, FL 34491	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUARTE, AL 9402 SE 174TH LOOP SUMMERFIELD, FL 34491	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Barbava O'Neill 9402 SE 174th Loop Summerfield, FL 34491 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Eric T. Garman 9402 SE 174th Loop Summerfield, FL 34491 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 617, 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:  Eric T. Garman 2/28/7 352-347-0345 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					