


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 26, 2005 8:00 am**  
**Secretary of State**

08-26-2005 90003 048 \*\*\*150.00

**DOCUMENT # P04000104401**

1. Entity Name  
**FUNDING AMERICA'S FUTURE EDUCATION, INC.**



Principal Place of Business  
**16230 AVIATION LOOP DR  
 BROOKSVILLE, FL 34604**

Mailing Address  
**16230 AVIATION LOOP DR  
 BROOKSVILLE, FL 34604**

**00000000**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.



06232005 Chg-P CR2E034 (10/03)

City & State  
 City & State

Zip Country Zip Country

4. FEI Number  
**20-1417465**

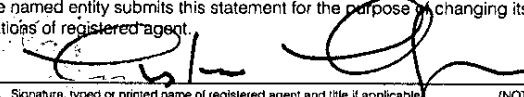
Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**KLIMIS, GEORGE N  
 27 E ORANGE STREET  
 TARPON SPRINGS, FL 34689**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 Name  
**GUADAGNINO, GUSTAVE A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**16230 AVIATION LOOP DRIVE**  
 City  
**BROOKSVILLE** FL Zip Code  
**34606**

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

**FILE NOW!!! FEE IS \$550.00  
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

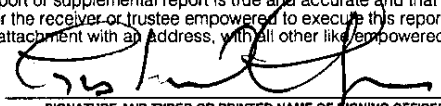
**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	GUADAGNINO, GUSTAVE A	16230 AVIATION LOOP DR	BROOKSVILLE, FL 34604	<input type="checkbox"/> Delete
D	JACKSON, LILLIE L	16230 AVIATION LOOP DR	BROOKSVILLE, FL 34604	<input checked="" type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D/P/S/T				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **GUSTAVE A. GUADAGNINO** Date \_\_\_\_\_ Daytime Phone # **(23) 05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ATTACHMENT**  
Funding America's Future Education, Inc.  
16230 Aviation Loop Drive  
Brooksville, FL 34604

P04006104401  
50063566

August 23, 2005

Division of Corporations  
Post Office Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Please find attached my 2005 Annual Report, along with my check for \$150.00. Please accept this fee, since I did not receive notification from your Division that this report needed to be filed by May 1, 2005. My accountant informed me of this requirement when he recently prepared my business taxes.

Thank you in advance for your cooperation in this matter.

Sincerely,



Gustave A. Guadagnino

GAG/  
Attachments