2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747624

FILED May 04, 2006 Secretary of State

Entity Name: SOUTH FLORIDA CENTER FOR FINANCIAL TRAINING, INC. (SFCFT)

Current Principal Place of Business: New Principal Place of Business: ROOM 3704-10 MIAMI, FL 33132 US **Current Mailing Address: New Mailing Address:** 245 NE 4TH ST ROOM 3704-10 MIAMI, FL 33132 US FEI Number: 59-1293887 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAGUNA, CONNIE 245 NE 4TH ST ROOM 3704-10 MIAMI, FL 33132 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HICKS, BETH PARTNER HICKS, BETH PARTNER Name: Name: 200 S. BISCAYNE BLVD., STE 4450 Address: 200 S. BISCAYNE BLVD., STE 4620 Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131 Title: Title: (X) Change () Addition () Delete LAGUNA, CONNIE, Name: Name: LAGUNA, CONNIE, Address: 300 NE 2ND AVE Address: 245 NE 4TH STREET, ROOM 3704-10 City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL Title: () Delete Title: CD (X) Change () Addition REES, CHERYL SVP REES, CHERYL SVP Name: Name: 2800 PONCE DE LEON BLVD 2800 PONCE DE LEON BLVD Address: Address: City-St-Zip: CORAL GABLES,, FL 33134 City-St-Zip: CORAL GABLES,, FL 33134 Title: CD () Delete Title: PD (X) Change () Addition Name: MOYNAHAN, STEPHEN CCO Name: VELASCO, ISRAEL REG. EX 121 ALHAMBRA CIRCLE 7900 MIAMI LAKES DR. WEST Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI LAKES, FL 33016 Title: (X) Change () Addition () Delete Title: VELASCO, ISRAEL P/CEO LYDTING, DARREN SVP Name: Name: 255 ALHAMBRA CIRCLE, 2ND FLOOR 1200 BRICKELL AVENUE, STE 1500 Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33134 Title: () Delete Title: () Change () Addition MCGOEY, CAROLYM SVP Name: Name: Address: 3105 NW 107 AVENUE Address: MIAMI, FL 33172 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE LAGUNA M 05/04/2006