2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# F08000002985

Entity Name: FAMILY FINANCIAL EDUCATION FOUNDATION INC.

Current Principal Place of Business:

724 FRONT ST., STE. 340
EVANSTON, WY 82930

New Principal Place of Business:

Current Mailing Address:

724 FRONT ST., STE. 340
EVANSTON, WY 82930

New Mailing Address:

FEI Number: 83-0320495 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Title: CPS ( ) Delete
Name: CLUNY, WILLIAM R.
Address: 343 GAGE AVE.
City-St-Zip: EVANSTON, WY 82930

Title: VC ( ) Delete
Name: WELLING, CRAIG B.
Address: 3018 HWY 150 SOUTH
City-St-Zip: EVANSTON, WY 82930

Title: D ( ) Delete
Name: PHILLIPS, JOHN C.
Address: 2062 CANDLE SPRUCE COVE
City-St-Zip: SANDY, UT 84092

Title: D ( ) Delete
Name: FRAKES, DONALD R.
Address: 307 HERSCHLER AVE.
City-St-Zip: EVANSTON, WY 82930

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM RICHARDS CLUNY PRES 01/23/2009

Electronic Signature of Signing Officer or Director — Date