

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90243 041 ***150.00

DOCUMENT # F92589

1. Entity Name
INVESTMENT EDUCATION, INC.



Principal Place of Business
**3493 WINCHESTER DRIVE
PORT ORANGE, FL 32129 US**

Mailing Address
**3493 WINCHESTER DRIVE
PORT ORANGE, FL 32129 US**

60000584



2. Principal Place of Business - No P.O. Box #
6805 PLUMPSACK CT.

3. Mailing Address
6805 PLUMPSACK CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062007 Chg-P CR2E034 (12/06)

City & State
PORT ORANGE, FL

City & State
PORT ORANGE, FL

4. FEI Number
59-2214809

Applied For
Not Applicable

Zip
32128

Country
US

Zip
32128

Country
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCPHEE, PETER H
3493 WINCHESTER DR
PORT ORANGE, FL 32129**

Name

Street Address (P.O. Box Number is Not Acceptable)

6805 PLUMPSACK CT.

City **PORT ORANGE**

FL

Zip Code
32128

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MCPHEE, PETER H
3493 WINCHESTER DR
PORT ORANGE, FL 32129** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**6805 PLUMPSACK CT.
PORT ORANGE, FL 32128** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 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: **PETER H. MCPHEE** **PETER H. MCPHEE**

1-6-2007 386-760-2116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #