2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 02, 2005
Secretary of State

DOCUMENT# L04000076718

Entity Name: HERCULES FINANCIAL LITERACY, LLC

Current Principal Place of Business:

4400 NORTH FEDERAL HIGHWAY, SUITE #210-45
BOCA RATON, FL 33431

New Principal Place of Business:

777 S FLAGLER DR.
SUITE 800W
WEST PALM BEACH, FL 33401

Current Mailing Address:

4400 NORTH FEDERAL HIGHWAY, SUITE #210-45
BOCA RATON, FL 33431

New Mailing Address:

777 S FLAGLER DR.
SUITE 800W
WEST PALM BEACH, FL 33401

FEI Number: 41-2183351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MERSKY, SCOTT A ESQ
224 DATURA STREET, SUITE #1308
WEST PALM BEACH, FL 33401 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HAUSER, KYLE
Address: 4400 NORTH FEDERAL HIGHWAY, SUITE #210-45
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HAUSER, KYLE
Address: 255 EVERNIA ST 1008
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KYLE HAUSER MR. 09/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date