2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008
Secretary of State

DOCUMENT# L07000079760

Entity Name: FIRST FINANCIAL EDUCATORS OF CENTRAL FLORIDA LLC

Current Principal Place of Business:

9732 LITTLE RD. SUITE 10
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

1818 SHORT BRANCH DR
SUITE 101
TRINITY, FL 34655

Current Mailing Address:

9732 LITTLE RD. SUITE 10
NEW PORT RICHEY, FL 34654

New Mailing Address:

1818 SHORT BRANCH DR
101
TRINITY, FL 34655

FEI Number: 26-0673195 **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:

SCHELL, FRANK R JR
9732 LITTLE RD. SUITE 10
NEW PORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

SCHELL, FRANK R JR
1818 SHORT BRANCH DR
TRINITY, FL 34655 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: FRANK R SCHELL JR 05/15/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SCHELL, FRANK R JR
Address: 9732 LITTLE RD. SUITE 10
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SCHELL, FRANK R JR
Address: 1818 SHORT BRANCH DR
City-St-Zip: TRINITY, FL 34655

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 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: FRANK R SCHELL JR P 05/15/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date