

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007011

Entity Name: FINANCIAL EDUCATION, INC.

FILED
Jan 15, 2004
Secretary of State

Current Principal Place of Business:

24040 COPPERLEAF BLVD
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

24040 COPPERLEAF BLVD
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 54-2121428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURRILL, DWIGHT
24040 COPPERLEAF BLVD
BONITA SPRINGS, FL 34135

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: P () Delete
Name: BURRILL, DWIGHT
Address: 24040 COPPERLEAF BLVD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: V () Delete
Name: MCGOWAN, JAMES
Address: 2104 PINE NEEDLE WAY
City-St-Zip: ELLICOTT CITY, MD 21045

Title: ST () Delete
Name: LEFF, BENAY
Address: 137 S NEWPORT WAY
City-St-Zip: DAGSBORO, DE 19939

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BURRILL, DWIGHT A PRES
Address: 24040 COPPERLEAF BLVD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: V (X) Change () Addition
Name: MCGOWAN, JAMES VP
Address: 2104 PINE NEEDLE WAY
City-St-Zip: ELLICOTT CITY, MD 21045

Title: ST (X) Change () Addition
Name: LEFF, BENAY SEC
Address: 137 S NEWPORT WAY
City-St-Zip: DAGSBORO, DE 19939

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 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: DWIGHT A BURRILL

P

01/15/2004

Electronic Signature of Signing Officer or Director

Date