2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2009
Secretary of State

DOCUMENT# N04000002201

Entity Name: PARTNERSHIP FOR THE FINANCIAL EDUCATION, INC.

Current Principal Place of Business:

1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 20-0808232 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LIOCE, DOMENICK R
1645 PALM BEACH LAKES BLVD., SUITE 1200
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

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: LIOCE, DOMENICK R
Address: 1645 PALM BEACH LAKES BLVD., SUITE 1200
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T ( ) Delete
Name: FROHLING, KIM
Address: 777 SOUTH FLAGLER AVENUE SUITE 800
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD ( ) Delete
Name: FINCH, JACKIE
Address: 102 WOODSMUIR COURT
City-St-Zip: PALM BEACH GARDENS, FL 33418

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:

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: DOMENICK R. LIOCE P 05/11/2009

Electronic Signature of Signing Officer or Director — Date