2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007
Secretary of State

DOCUMENT# N04000007251

Entity Name: THE FINANCIAL SEMINARY, INC.

Current Principal Place of Business:

7683 ALISTER MACKENZIE
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

7683 ALISTER MACKENZIE
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 04-3802452 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, GARY
7683 ALISTER MACKENZIE DRIVE
SARASOTA, FL 34240 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:	TD	( ) Delete
Name:	LAUTNER, JANE E	
Address:	4536 GLEBE FARM ROAD	
City-St-Zip:	SARASOTA, FL 34235	
Title:	P	( ) Delete
Name:	MOORE, GARY	
Address:	7683 ALISTER MACKENZIE	
City-St-Zip:	SARASOTA, FL 34240	
Title:	SD	( ) Delete
Name:	MOORE, SHERRY	
Address:	7683 ALISTER MACKENZIE	
City-St-Zip:	SARASOTA, FL 34240	
Title:	C	( ) Delete
Name:	WHITON-SCHMIOR, GAIL	
Address:	7514 BIRD'S EYE TERRACE	
City-St-Zip:	BRADENTON, FL 34203	
Title:	D	( ) Delete
Name:	KEZAR, DENNIS	
Address:	7313 MERCHANT COURT	
City-St-Zip:	SARASOTA, FL 34240	
Title:	D	( ) Delete
Name:	SANTOSUOSSO, JOHN	
Address:	4860 HIGHLANDS PLACE DR	
City-St-Zip:	LAKELAND, FL 32813	

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:	
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 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: GARY D. MOORE MR. 03/28/2007

Electronic Signature of Signing Officer or Director — Date