

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 24, 2006
Secretary of State

DOCUMENT# N05000002183

Entity Name: PARTNERSHIP FOR ECONOMIC FREEDOM, INC.**Current Principal Place of Business:**200 WEST COLLEGE AVENUE
SUITE 311B
TALLAHASSEE, FL 32301**New Principal Place of Business:****Current Mailing Address:**200 WEST COLLEGE AVENUE
SUITE 311B
TALLAHASSEE, FL 32301**New Mailing Address:****FEI Number:** 20-2426832**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COATES, RICHARD E
200 WEST COLLEGE AVENUE
SUITE 311B
TALLAHASSEE, FL 32301 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:** P () Delete
Name: JOHNSON, DAVID
Address: 3284 WHITNEY DRIVE EAST
City-St-Zip: TALLAHASSEE, FL 32309 US**Title:** S/T () Delete
Name: GOODMAN, ADAM
Address: 10749 FALLS ROAD
City-St-Zip: LUTHERVILLE, MD 21093 US**Title:** V () Delete
Name: COATES, RICHARD E
Address: 200 W COLLEGE AVE, STE 311B
City-St-Zip: TALLAHASSEE, FL 32301 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: NELSON, BRYAN
Address: 4490 PORTOFINO WAY, APT 102
City-St-Zip: WEST PALM BEACH, FL 33409 US

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: BRYAN NELSON

D

10/24/2006

Electronic Signature of Signing Officer or Director

Date