2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007897

Secretary of State

Entity Name: THE INTERNATIONAL FOUNDATION FOR TEACHING ENTREPRENEURSHIP AND FINANCIAL

LITERACY, INC.

Current Principal Place of Business: New Principal Place of Business:

1030 CONTENTO STREET 5053 OCEAN BOULEVARD

SARASOTA, FL 34242 104

SARASOTA, FL 34242

Current Mailing Address: New Mailing Address:

1030 CONTENTO STREET 5053 OCEAN BOULEVARD 104

SARASOTA, FL 34242

SARASOTA, FL 34242

FEI Number: 20-5174133 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 New Registered Agent: Name and Address of Current Registered Agent:

MORRIS, STEVE MORRIS, STEVE

1030 CONTENTO STREET 5053 OCEAN BOULEVARD SARASOTA, FL 34242 104 SARASOTA, FL 34242 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: STEVE MORRIS 07/30/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

MORRIS, STEVE MORRIS, STEVE Name: Name: 1030 CONTENTO STREET Address: 5053 OCEAN BOULEVARD #104 Address:

SARASOTA, FL 34242

City-St-Zip: City-St-Zip: SARASOTA, FL 34242

Title: () Delete Title: () Change () Addition

DREW, BONNIE Name: Name: Address: 2615 CADLER DRIVE Address: City-St-Zip: LEAGUE CITY, TX 77573 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

CASIMIRO, JUAN Name: Name: 10773 N.W. 58TH STREET, STE. 268 Address: Address: City-St-Zip: DORAL, FL 33178 City-St-Zip:

Title: () Delete Title: () Change () Addition

WALKER, WILLIAM B Name: Name: Address: 114 IDLE HOUR DRIVE Address: City-St-Zip: MACON, GA 31210 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: STEVE MORRIS CHAL 07/30/2007