

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010491

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** APPLIED FINANCIAL AWARENESS INSTITUTE, INC.

**Current Principal Place of Business:**

39 MAPLE AVE  
SHALIMAR, FL 32579

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 752  
SHALIMAR, FL 32579

**New Mailing Address:**

39 MAPLE AVE  
SHALIMAR, FL 32579

**FEI Number:** 86-1175124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MONETARY MANAGEMENT SYSTEMS, INC.  
39 MAPLE AVE  
SHALIMAR, FL 32579 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: D ( ) Delete  
Name: HALEY, EDWARD P  
Address: 900 NORTH SHORE DRIVE #109  
City-St-Zip: LAKE BLUFF, IL 60044

Title: D ( ) Delete  
Name: BREAZEAL II, B. T RFP  
Address: 39 MAPLE AVE  
City-St-Zip: SHALIMAR, FL 32579

Title: D ( ) Delete  
Name: GILBERTSON, PAMELA S  
Address: 7126 JASPER STREET  
City-St-Zip: NAVARRE, FL 32566

**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: B T BREAZEAL II

D

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date