2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N07000011274

Entity Name: FEDERATED FINANCIAL INC.

Current Principal Place of Business:

3275 WEST HILLSBORO BOULEVARD
SUITE 110
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

3275 WEST HILLSBORO BOULEVARD
SUITE 110
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEMAN, ANTHONY G JR.
3275 WEST HILLSBORO BOULEVARD
SUITE 110
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

COLEMAN, ANTHONY G JR
3275 WEST HILLSBORO BOULEVARD
SUITE 110
DEERFIELD BEACH, FL 33442 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: ANTHONY G COLEMAN JR 04/30/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: REED, SHERRI S
Address: 3275 WEST HILLSBORO BOULEVARD STE 110
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D ( ) Delete
Name: BIRCH, GARFIELD
Address: 3275 WEST HILLSBORO BOULEVARD STE 110
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D ( ) Delete
Name: LAWSON, VALERIE
Address: 3275 WEST HILLSBORO BOULEVARD STE 110
City-St-Zip: DEERFIELD BEACH, FL 33442

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: SHERRI S REED D 04/30/2008
Electronic Signature of Signing Officer or Director Date