2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48485

FILED Aug 26, 2008 Secretary of State

Entity Name: THE JUNIOR ACHIEVEMENT FOUNDATION FOR ECONOMIC EDUCATION, INC.

Current Principal Place of Business: New Principal Place of Business: 571 HAVERTY CT SUITE L ROCKLEDGE, FL 32955 **New Mailing Address: Current Mailing Address:** 571 HAVERTY CT SUITE L ROCKLEDGE, FL 32955 LIS FEI Number: 59-3125472 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 Current Registered Agent: Name and Address of New Registered Agent: SECOR, JENNIFER L PRES CLARK, TAMBRE E PRES 571 HAVERTY COURT 571 HAVERTY COURT STE-L STE-L ROCKLEDGE, FL 32955 US ROCKLEDGE, FL 32955 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: TAMBRE E. CLARK 08/26/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: MS (X) Change () Addition () Delete JENNIFER, SECOR L PRES CLARK, TAMBRE E PRES Name: Name: 571 HAVERTY COURT, SUITE L Address: 571 HAVERTY COURT, SUITE L Address: City-St-Zip: ROCKLEDGE, FL 32955 US City-St-Zip: ROCKLEDGE, FL 32955 US Title: () Delete Title: (X) Change () Addition ROSELLE, LARRY Name: ALEXANDER, LISA MD Name: Address: 5675 S. SYKES CREEK PKWY Address: 951 NORTH WASHINGTON AVENUE City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip: TITUSVILLE, FL 32796 Title: () Delete Title: (X) Change () Addition CUNIO, ROBERT Name: SORENSEN, SCOTT Name: MAIL CODE-SGS-2020 PO BOX 21237 Address: Address: 950 WEST EAU GALLIE BLVD. City-St-Zip: KSC. FL 32815 City-St-Zip: MELBOURNE, FL 32935 Title: () Delete Title: () Change () Addition SANDERSON, LEONARD Name: Name: Address: 9001 ELLIS ROAD Address: City-St-Zip: MELBOURNE, FL 32904 City-St-Zip: Title: () Delete Title: () Change () Addition DRAKE, JAMES Name: Name: 1519 CLEARLAKE ROAD Address: Address: City-St-Zip: COCOA, FL 32922 City-St-Zip: Title: () Delete Title: () Change (X) Addition CRAIG, CAROL Name: Name: Address: Address: 107 BUCHANAN AVENUE CAPE CANAVERAL, FL 32920 City-St-Zip: 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: LISA ALEXANDER, MD D 08/26/2008