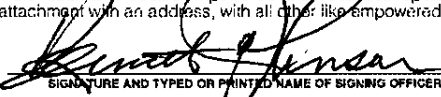


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90239 042 ***150.00

DOCUMENT # P02000010827 1. Entity Name NATIONAL INSTITUTE FOR FINANCIAL EDUCATION OF AMERICA, INC.					
Principal Place of Business 9715 W. BROWARD BLVD., #314 PLANTATION, FL 33324			Mailing Address 9715 W. BROWARD BLVD., #314 PLANTATION, FL 33324		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04132004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 02-0542246	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JOHNSON, KEN 9715 W. BROWARD BLVD., #314 PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, KEN 9715 W. BROWARD BLVD., #314 PLANTATION, FL 33324	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSON, ELAINE 10130 S.W. 3RD STREET PLANTATION, FL 33324	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALOON, LOUIS 1117 N.E. SHARON HOGUE MASURY, OH 44438	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERICELLA, BIAGIO 413 WAVERLY DR. AUGUSTA, GA 30909	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOBAK, MARTIN 120 PIERMONT AVENUE HEWLETT BAY PARK, NY 11557	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  4/20/04 1.800.561.9035 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					