

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000010827

FILED
Apr 12, 2005
Secretary of State

Entity Name: NATIONAL INSTITUTE FOR FINANCIAL EDUCATION OF AMERICA, INC.

Current Principal Place of Business:

9715 W. BROWARD BLVD., #314
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

9715 W. BROWARD BLVD., #314
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 02-0542246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, KEN
9715 W. BROWARD BLVD., #314
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, KEN
Address: 9715 W. BROWARD BLVD., #314
City-St-Zip: PLANTATION, FL 33324

Title: STD () Delete
Name: JOHNSON, ELAINE
Address: 10130 S.W. 3RD STREET
City-St-Zip: PLANTATION, FL 33324

Title: D (X) Delete
Name: SALOOM, LOUIS
Address: 1117 N.E. SHARON HOGUE
City-St-Zip: MASURY, OH 44438

Title: D () Delete
Name: VERICELLA, BIAGIO
Address: 413 WAVERLY DR.
City-St-Zip: AUGSTA, GA 30909

Title: D () Delete
Name: KOBAC, MARTIN
Address: 120 PIERMONT AVENUE
City-St-Zip: HEWLETT BAY PARK, NY 11557

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:

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 for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN JOHNSON

PD

04/12/2005

Electronic Signature of Signing Officer or Director

Date