

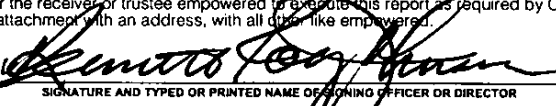


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90007 031 ***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. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		 01182006 Chg-P CR2E034 (11/05)	
4. FEI Number 02-0542246				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE PD <input type="checkbox"/> Delete NAME JOHNSON, KEN STREET ADDRESS 9715 W. BROWARD BLVD., #314 CITY-ST-ZIP PLANTATION, FL 33324		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE STD <input type="checkbox"/> Delete NAME JOHNSON, ELAINE STREET ADDRESS 10130 S.W. 3RD STREET CITY-ST-ZIP PLANTATION, FL 33324		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE D <input type="checkbox"/> Delete NAME VERICELLA, BIAGIO STREET ADDRESS 413 WAVERLY DR. CITY-ST-ZIP AUGSTA, GA 30909		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE D <input type="checkbox"/> Delete NAME KOBAK, MARTIN STREET ADDRESS 120 PIERMONT AVENUE CITY-ST-ZIP HEWLETT BAY PARK, NY 11557		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 employees.					
SIGNATURE:  Date: 3/20/06 Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					