2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P03000056068

Entity Name: FINANCIAL INDEPENDENCE AND RESOURCE EDUCATION, INC.

Current Principal Place of Business:

1217 SOUTH FLAGLER DRIVE, 3RD FL
WEST PALM BEACH, FL 33401

New Principal Place of Business:

1217 SOUTH FLAGLER DRIVE
THIRD FLOOR
WEST PALM BEACH, FL 33401

Current Mailing Address:

P. O. BOX 8565
CORAL SPRINGS, FL 33075

New Mailing Address:

1217 SOUTH FLAGLER DRIVE
THIRD FLOOR
WEST PALM BEACH, FL 33401

FEI Number: 20-0040578 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LYNCH, THOMAS J
1217 SOUTH FLAGLER DRIVE, 3RD FL
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

LYNCH, THOMAS J JR
1217 SOUTH FLAGLER DRIVE
THIRD FLOOR
WEST PALM BEACH, FL 33401 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: THOMAS J LYNCH JR 04/30/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Change (X) Addition
Name: NUSS, KRISTEN M
Address: 5200 NORTH FLAGLER DRIVE, UNIT 1504
City-St-Zip: WEST PALM BEACH, FL 33407

Title: O ( ) Change (X) Addition
Name: SMITH, GARRY D JR
Address: 5200 NORTH FLAGLER DRIVE, UNIT 1504
City-St-Zip: WEST PALM BEACH, FL 33407

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: KRISTEN M NUSS D 04/30/2004
Electronic Signature of Signing Officer or Director Date