

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000090520

FILED
Feb 28, 2005
Secretary of State

Entity Name: EDUCATED FINANCIAL SOLUTIONS, INC.

Current Principal Place of Business:

5300 ARAGON WAY SOUTH
ST. PETERSBURG, FL 33705

New Principal Place of Business:

9887 4TH STREET NORTH
303
ST. PETERSBURG, FL 33702

Current Mailing Address:

P.O. BOX 10458
ST. PETERSBURG, FL 33733

New Mailing Address:

FEI Number: 14-1894736 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANE, ANTWAN
5300 ARAGON WAY SOUTH
ST. PETERSBURG, FL 33705 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: P () Delete
Name: MOBLEY, LINDA
Address: 6100 12TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

Title: VP () Delete
Name: LANE, ANTWAN M
Address: 5300 ARAGON WAY SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ANTWAN LANE

VP

02/28/2005

Electronic Signature of Signing Officer or Director

Date