

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093449

**FILED**  
**Jan 08, 2009**  
**Secretary of State**

**Entity Name:** FINANCIAL PSYCHOLOGY CORPORATION

**Current Principal Place of Business:**

888 BLVD OF THE ARTS  
#1705  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

1990 MAIN ST  
STE 801  
SARASOTA, FL 34236-800 US

**Current Mailing Address:**

PO BOX 867  
SARASOTA, FL 34230 US

**New Mailing Address:**

**FEI Number:** 20-0355847      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA STREET  
STE 1  
TALLAHASSEE, FL 32301 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: D ( ) Delete  
Name: GURNEY, KATHLEEN  
Address: PO BOX 867  
City-St-Zip: SARASOTA, FL 34230 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR (X) Change ( ) Addition  
Name: GURNEY, KATHLEEN  
Address: PO BOX 867  
City-St-Zip: SARASOTA, FL 34230 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KATHLEEN GURNEY

DR

01/08/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date