2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099694

FILED Jan 17, 2006 Secretary of State

Entity Name: POST COLLEGIATE FINANCIAL SERVICES, INC.

Current Principal Place of Business:			New Princip	New Principal Place of Business:	
	GHWAY 19				
SUITE 412 HOLIDAY, F	1 3/691				
			New Meilin	a Address.	
urrent ivia	iling Addre	ss:	New Mailing	g Address:	
	GHWAY 19				
SUITE 412 HOLIDAY, F	L 34691				
El Number: 3	33-1070211	FEI Number Applied For ()	FEI Number Not Applic	cable () Certificate of Status Desired	()
lame and A	Address of	Current Registered Agent:	Name and A	Address of New Registered Agent:	
ACZYNSK 739 US HIC UITE 412	Address of I, MELISSA GHWAY 19 FL 34691 U	L	Name and A	Address of New Registered Agent:	
ACZYNSK 739 US HIC UITE 412 IOLIDAY, F	I, MELISSA GHWAY 19 L 34691 Unamed entity	L S		Address of New Registered Agent: s registered office or registered agent, o	or both,
ACZYNSK 739 US HIC UITE 412 OLIDAY, F he above n the State c	I, MELISSA GHWAY 19 L 34691 Unamed entity of Florida.	L S			or both,
ACZYNSK 739 US HIC UITE 412 IOLIDAY, F he above n I the State C	I, MELISSA GHWAY 19 L 34691 University of Florida.	L S	ourpose of changing its		or both,
ACZYNSK 739 US HIC UITE 412 IOLIDAY, F he above n the State C	I, MELISSA GHWAY 19 L 34691 Unamed entity of Florida.	L S submits this statement for the p	ourpose of changing its	s registered office or registered agent, o	or both,
ACZYNSK 739 US HIC UITE 412 IOLIDAY, F The above no the State of SIGNATURE	I, MELISSA GHWAY 19 L 34691 Unamed entity of Florida.	S submits this statement for the prince Signature of Registered Ageing Trust Fund Contribution ().	ourpose of changing its	s registered office or registered agent, o	
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I hereby certify that the information supplied with this filing does not qualify for the 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: MELISSA L. BACZYNSKI CEO 01/17/2006