

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000095491

FILED
Apr 19, 2006
Secretary of State

Entity Name: FAMILY INSTITUTE OF STUDENT LENDING CORP

Current Principal Place of Business:

6699 90TH AVE N
B
PINELLAS PARK, FL 33782

New Principal Place of Business:

Current Mailing Address:

6699 90TH AVE N
B
PINELLAS PARK, FL 33782

New Mailing Address:

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

Name and Address of Current Registered Agent:

ECKARD, ROBERT D
777 ALDERMAN RD
PALM HARBOR, FL 34683 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: PALLANTE, CHRISTOPHER A
Address: 6699 90TH AVE N SUITE A
City-St-Zip: PINELLAS PARK, FL 33782

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: CHRISTOPHER PALLANTE

CEO

04/19/2006

Electronic Signature of Signing Officer or Director

Date