

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90207 013 ***150.00

DOCUMENT # P05000131055					
1. Entity Name STUDENT FINANCIAL SOLUTIONS, INC.					
Principal Place of Business 1840 SW 22ND STREET 4TH FLOOR MIAMI, FL 33145			Mailing Address PO BOX 55850 ST PETERSBURG, FL 33702		
2. Principal Place of Business 2167 5th Avenue N.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Pete, FL 33713		City & State			
Zip 33713		Country U.S.		4. FEI Number 25-1925351	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name: WARREN J. KNAUS, ESQ. Street Address (P.O. Box Number is Not Acceptable): 2167 5th Avenue N. City: ST. PETERSBURG FL Zip Code: 33713		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:		DATE: 4/28/06			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Secretary Richard Moseley 6241 6th Avenue N. St. Pete, FL 33709	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		Date: 4-27-06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 727-439-0792			