

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Nov 11, 2009  
Secretary of State**

DOCUMENT# F92589

Entity Name: INVESTMENT EDUCATION, INC.

**Current Principal Place of Business:**

5339 ROCKINGHAM DRIVE  
WILLIAMSBURG, VA 23188 US

**New Principal Place of Business:**

4969 WESTMORELAND DR.  
WILLIAMSBURG, VA 23188 US

**Current Mailing Address:**

5339 ROCKINGHAM DRIVE  
WILLIAMSBURG, VA 23188 US

**New Mailing Address:**

4969 WESTMORELAND DR.  
WILLIAMSBURG, VA 23188 US

FEI Number: 59-2214809      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MOORE, PAMELA  
3498 WINCHESTER DRIVE  
PORT ORANGE, FL 32129 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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MCPHEE, PETER H  
Address: 5339 ROCKINGHAM DR  
City-St-Zip: WILLIAMSBURG, VA 23188

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

Title: DP (X) Change ( ) Addition  
Name: MCPHEE, PETER H  
Address: 4969 WESTMORELAND DR.  
City-St-Zip: WILLIAMSBURG, VA 23188

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: PETER H. MCPHEE

DP

11/11/2009

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

\_\_\_\_\_  
Date