


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90341 013 \*\*\*150.00

DOCUMENT # F99000005931			
1. Entity Name PB MUNICIPAL FUNDING INC.			
Principal Place of Business 27 WATERVIEW DRIVE SHELTON, CT 06484		Mailing Address 27 WATERVIEW DRIVE SHELTON, CT 06484	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 88-0418296		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D HENOCK, ARLEN <input checked="" type="checkbox"/> Delete	TITLE	D Kleinman David <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENOCK, ARLEN	NAME	Kleinman David
STREET ADDRESS	1 ELM CROFT RD	STREET ADDRESS	1 Elmcraft Rd
CITY-ST-ZIP	STAMFORD, CT 06926	CITY-ST-ZIP	Stamford CT 06926
TITLE	D KISSNER, MATTHEW S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISSNER, MATTHEW S	NAME	
STREET ADDRESS	1 ELM CROFT RD	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD, CT 06926	CITY-ST-ZIP	
TITLE	V OSMANSKI, LAWRENCE D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSMANSKI, LAWRENCE D	NAME	
STREET ADDRESS	27 WATERVIEW DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SHELTON, CT 06484	CITY-ST-ZIP	
TITLE	AS WALCOTT, JOHN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALCOTT, JOHN	NAME	
STREET ADDRESS	27 WATERVIEW DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SHELTON, CT 06484	CITY-ST-ZIP	
TITLE	P WILLIAMSON, KEITH H <input type="checkbox"/> Delete	TITLE	PD Williamson, Keith H <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, KEITH H	NAME	Williamson, Keith H
STREET ADDRESS	27 WATERVIEW DRIVE	STREET ADDRESS	27 Waternew Dr
CITY-ST-ZIP	SHELTON, CT 06484	CITY-ST-ZIP	SHELTON CT 06484
TITLE	AS SEIDEMAN, MICHELLE COHN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIDEMAN, MICHELLE COHN	NAME	
STREET ADDRESS	27 WATERVIEW DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SHELTON, CT 06484	CITY-ST-ZIP	
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: <u>John Walcott</u>		Date: <u>4/17/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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