2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 27, 2006 08:00 AM DOCUMENT # P04000106263 **Secretary of State** 1. Entity Name PLATINUM FUNDING GROUP, INC. Principal Place of Business Mailing Address 922 KEATON PKWY OCOEE FL 34761 922 KEATON PKWY OCOEE FL 34761 2. Principal Place of Business Mailing Address Suite, Apt. II. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 52-2449819 Not Applicable Ζıρ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, GARY 922 KEATON PKWY Street Address (P.O. Box Number is Not Acceptable) OCOEE FL 34761 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _ (NOTE: Registored Agent suprature required when reinstaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Oelete TITLE ☐ Change ☐ Addition NAME SMITH, GARY NAMÈ STREET ADDRESS 922 KEATON PKWY STREET ADDRESS U00000481357 CITY-SI-ZIP OCOEE FL 34761 CITY-ST-ZIP <u>04/11/06-98029-020 (50 00</u> THE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T/71 E Delete ☐ Addition WILE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIME ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oclete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS COTY-ST-70P CHY-ST-ZIP 12. I hereby certily that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trustes 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.

GARY SMITH

SIGNATURE

FILED

407-656-3230

2/24/06