2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005
Secretary of State

DOCUMENT# P04000132460

Entity Name: FRIENDLY AUTO FUNDING, INC.

Current Principal Place of Business:

1835 S PINE AVENUE
OCALA, FL 34472 US

New Principal Place of Business:

2855 S PINE AVE
OCALA, FL 34471 US

Current Mailing Address:

1835 S PINE AVENUE
OCALA, FL 34472 US

New Mailing Address:

2855 S PINE AVENUE
OCALA, FL 34471 US

FEI Number: 20-1645271 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ORTIZ, GEORGE
1515 E SILVER SPRINGS BLVD.
SUITE 128
OCALA, FL 34470 US

Name and Address of New Registered Agent:

MAY, HEIDI
2855 S PINE AVE .
OCALA, FL 34471 US

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: ANDREW KISWANI 07/19/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: D,P ( ) Delete
Name: KISWANI, ANDY
Address: 1835 S PINE AVENUE
City-St-Zip: OCALA, FL 34472 US

Title: S,T ( ) Delete
Name: KISWANI, ANDY
Address: 1835 S PINE AVENUE
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change ( ) Addition
Name: KISWANI, ANDREW
Address: 2855 S PINE AVE
City-St-Zip: OCALA, FL 34471 US

Title: S,T (X) Change ( ) Addition
Name: KISWANI, ANDY
Address: 2855 S PINE AVENUE
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANDREW KISWANI PVD 07/19/2005
Electronic Signature of Signing Officer or Director Date