

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000026840

FILED  
Jan 21, 2006  
Secretary of State

Entity Name: CAPITAL FUNDING TECHNOLOGIES INC.

## Current Principal Place of Business:

5051 SW 87TH AVE  
COOPER CITY, FL 33328

## New Principal Place of Business:

## Current Mailing Address:

5051 SW 87TH AVE  
COOPER CITY, FL 33328

## New Mailing Address:

FEI Number: 20-2486995

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NUSSBAUM, JEFFREY A ESQ.  
4800 SW 64TH AVE STE 103  
DAVIE, FL 33314 US

## Name and Address of New Registered Agent:

BURCH, TRACIE L  
8745 SW 51ST ST  
COOPER CITY, FL 33328 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: TRACIE L. BURCH

01/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS ( ) Change (X) Addition  
Name: DICKINSON, NANCY SUSAN PRES  
Address: 5051 SW 87TH AVE  
City-St-Zip: COOPER CITY, FL 33328 US

Title: MR ( ) Change (X) Addition  
Name: DICKINSON, ROBERT F CEO  
Address: 5051 SW 87TH AVE  
City-St-Zip: COOPER CITY, FL 33328 US

Title: MRS ( ) Change (X) Addition  
Name: BURCH, TRACIE L CFO  
Address: 8745 51ST ST  
City-St-Zip: COOPER CITY, FL 33328 US

Title: MR ( ) Change (X) Addition  
Name: BURCH, C TRAY VP  
Address: 8745 51ST ST  
City-St-Zip: COOPER CITY, FL 33328 US

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY SUSAN DICKINSON

PRES

01/21/2006

Electronic Signature of Signing Officer or Director

Date