


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # 755718 1. Entity Name AG FUNDING SOLUTIONS, INC.	
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Principal Place of Business 222 W. GEORGIA STREET TALLAHASSEE, FL 32301	Mailing Address PO BOX 11274 TALLAHASSEE, FL 32302
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03022006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2051328	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHITE, MARLOW V 222 WEST GEORGIA ST TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LEE, ROBERT F 7504 HOSFORD HWY QUINCY, FL 32351	DO NOT WRITE IN THIS SPACE U00000550413 05/13/06-80058-020 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBRIGHT, GEORGE M 8977 S. E. 70TH TERRACE OCALA, FL 33472	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BESHEARS, FRED H US HWY 19 SOUTH MONTICELLO, FL 32344	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEWIS, A EUGENE 222 W. GEORGIA ST TALLAHASSEE, FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLS, BOBBY R 2158 CHAIRES CROSS ROAD TALLAHASSEE, FL 32311	
TITLE NAME STREET ADDRESS 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 617, 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: Marlow White **4.27.06** **850-425-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #