

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001015

FILED
May 15, 2006
Secretary of State

Entity Name: DANA FUNDING INC.

Current Principal Place of Business:

356 VETERANS HWY., 2ND FLOOR
COMMACK, NY 11725

New Principal Place of Business:

49 WIRELESS BLVD.
HAUPPAUGE, NY 11788

Current Mailing Address:

356 VETERANS HWY., 2ND FLOOR
COMMACK, NY 11725

New Mailing Address:

49 WIRELESS BLVD.
HAUPPAUGE, NY 11788

FEI Number: 11-3284501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

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:

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 ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEONE, FRANK A
Address: 356 VETERANS HWY., 2ND FLOOR
City-St-Zip: COMMACK, NY 11725

Title: VD () Delete
Name: LEONE, FRANK
Address: 356 VETERANS HWY., 2ND FL
City-St-Zip: COMMACK, NY 11725

Title: SD () Delete
Name: KENNEDY, EVA LEONE
Address: 356 VETERANS HWY., 2ND FL
City-St-Zip: COMMACK, NY 11725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEONE, FRANK A
Address: 49 WIRELESS BLVD.
City-St-Zip: HAUPPAUGE, NY 11788

Title: VD (X) Change () Addition
Name: LEONE, FRANK
Address: 49 WIRELESS BLVD.
City-St-Zip: HAUPPAUGE, NY 11788

Title: SD (X) Change () Addition
Name: KENNEDY, EVA LEONE
Address: 49 WIRELESS BLVD.
City-St-Zip: HAUPPAUGE, NY 11788

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: FRANK A. LEONE

PRES

05/15/2006

Electronic Signature of Signing Officer or Director

Date