


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90185 006 ***150.00

DOCUMENT # F03000001573

1. Entity Name
WESTERN FUNDING INCORPORATED



Principal Place of Business
**324 N. DALE MABRY HWY
 TAMPA, FL 33609**

Mailing Address
**3915 E PATRICK LANE
 LAS VEGAS, NV 89120**

50044965



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04192005 Chg-P CR2E034 (10/03)

City & State
 Zip Country

4. FEI Number
95-2398043

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name
 Street Address (P O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KROCHTA, BARBARA 3915 E PATRICK LANE LAS VEGAS, NV 89120 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COPE, E. DWIGHT 3915 E PATRICK LANE LAS VEGAS, NV 89120 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KELLER, LESTER A 3915 E PATRICK LANE LAS VEGAS, NV 89120 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PECK, WALTER R JR. 3915 E. PATRICK LANE LAS VEGAS, NV 89120 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COPE, IRENE R 3915 E. PATRICK LANE LAS VEGAS, NV 89120 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATAS MOUNT, SANDRA 3915 E. PATRICK LANE LAS VEGAS, NV 89120 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV Krochta, Barbara 3915 E. Patrick Lane Las Vegas, NV 89120 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS Cope, Irene R. 3915 E. Patrick Lane Las Vegas, NV 89120 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Merrell Adrianna 3915 E. Patrick Lane Las Vegas, NV 89120 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hall, James A. 3915 E. Patrick Lane Las Vegas, NV 89120 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Correio, Raymond F. 3915 E. Patrick Lane Las Vegas, NV 89120 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attachment <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lester A Keller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/05 702-434-1990
Date Daytime Phone #

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DP	COPE, E. DWIGHT	3915 E PATRICK LANE	LAS VEGAS, NV 89120	<input type="checkbox"/>
DST	KELLER, LESTER A	3915 E PATRICK LANE	LAS VEGAS, NV 89120	<input type="checkbox"/>
V	PECK, WALTER R JR.	3915 E. PATRICK LANE	LAS VEGAS, NV 89120	<input type="checkbox"/>
AS	COPE, IRENE R	3915 E. PATRICK LANE	LAS VEGAS, NV 89120	<input type="checkbox"/>
ATAS	MOUNT, SANDRA	3915 E. PATRICK LANE	LAS VEGAS, NV 89120	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
V	Shannon, Gary C.	3915 E. Patrick Lane	Las Vegas, NV 89120	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Robertson, Donald R.	3915 E. Patrick Lane	Las Vegas, NV 89120	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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SIGNATURE: *Lester A Keller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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