


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 Mailing Address

**324 N. DALE MABRY HWY
TAMPA, FL 33609** **3915 E PATRICK LANE
LAS VEGAS, NV 89120**

50044965



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

04192005 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For

95-2398043 Not Applicable

Zip Country Zip Country

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

| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
|---|--|--|--|
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| 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 | 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 | DP COPE, E. DWIGHT 3915 E PATRICK LANE LAS VEGAS, NV 89120 <input type="checkbox"/> Delete | 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 | DST KELLER, LESTER A 3915 E PATRICK LANE LAS VEGAS, NV 89120 <input type="checkbox"/> Delete | 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 | V PECK, WALTER R JR. 3915 E. PATRICK LANE LAS VEGAS, NV 89120 <input type="checkbox"/> Delete | 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 | AS COPE, IRENE R 3915 E. PATRICK LANE LAS VEGAS, NV 89120 <input type="checkbox"/> Delete | 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 | ATAS MOUNT, SANDRA 3915 E. PATRICK LANE LAS VEGAS, NV 89120 <input checked="" type="checkbox"/> Delete | 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 04/25/05 702-434-1990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Name

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| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------------|----------------------|---------------------|---------------------------------|
| C | KROCHTA, BARBARA | 3915 E PATRICK LANE | LAS VEGAS, NV 89120 | <input type="checkbox"/> |
| 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

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