


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90026 015 ***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 |
|---|---|



| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

03252008 Chg-P CR2E034 (12/06)

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | |
|-----------------------------|--|
| 4. FEI Number 95-2398043 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INCORP SERVICES, INC.
 17888 67TH COURT NORTH
 LOXAHATCHEE, FL 33470

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|--|
| TITLE | C | <input checked="" type="checkbox"/> Delete |
| NAME | KROCHTA, BARBARA | |
| STREET ADDRESS | 3915 E PATRICK LANE | |
| CITY-ST-ZIP | LAS VEGAS, NV 89120 | |
| TITLE | DAS | <input type="checkbox"/> Delete |
| NAME | COPE, IRENE R | |
| STREET ADDRESS | 3915 E PATRICK LANE | |
| CITY-ST-ZIP | LAS VEGAS, NV 89120 | |
| TITLE | DST | <input type="checkbox"/> Delete |
| NAME | KELLER, LESTER A | |
| STREET ADDRESS | 3915 E PATRICK LANE | |
| CITY-ST-ZIP | LAS VEGAS, NV 89120 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | PECK, WALTER R JR. | |
| STREET ADDRESS | 3915 E. PATRICK LANE | |
| CITY-ST-ZIP | LAS VEGAS, NV 89120 | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | COPE, DWIGHT E | |
| STREET ADDRESS | 3915 E. PATRICK LANE | |
| CITY-ST-ZIP | LAS VEGAS, NV 89120 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MERRELL, ADRIANNA | |
| STREET ADDRESS | 3915 E. PATRICK LANE | |
| CITY-ST-ZIP | LAS VEGAS, NV 89120 | |

| | | |
|----------------|----------------------|--|
| TITLE | C-V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KROCHTA, BARBARA | |
| STREET ADDRESS | 3915 E PATRICK LANE | |
| CITY-ST-ZIP | LAS VEGAS, NV 89120 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | COPE, Donnella M. | |
| STREET ADDRESS | 3915 E PATRICK LANE | |
| CITY-ST-ZIP | LAS VEGAS, NV 89120 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Hall, James A. | |
| STREET ADDRESS | 3915 E PATRICK LANE | |
| CITY-ST-ZIP | LAS VEGAS, NV 89120 | |
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Shannon, Gary C. | |
| STREET ADDRESS | 3915 E. PATRICK LANE | |
| CITY-ST-ZIP | LAS VEGAS, NV 89120 | |
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Robertson, Donald R. | |
| STREET ADDRESS | 3915 E. PATRICK LANE | |
| CITY-ST-ZIP | LAS VEGAS, NV 89120 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 607, 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: *Lester A Keller*

3-25-08 702 434-1990