


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

4. FEI Number
95-2398043

Applied For
 Not Applicable

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE C-V NAME KROCHTA, BARBARA STREET ADDRESS 3915 E PATRICK LANE CITY-ST-ZIP LAS VEGAS, NV 89120	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME COPE, Donnella M. STREET ADDRESS 3915 E PATRICK LANE CITY-ST-ZIP LAS VEGAS, NV 89120	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME Hall, James A. STREET ADDRESS 3915 E PATRICK LANE CITY-ST-ZIP LAS VEGAS, NV 89120	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME Shannon, Gary C. STREET ADDRESS 3915 E. PATRICK LANE CITY-ST-ZIP LAS VEGAS, NV 89120	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME Robertson, Donald R. STREET ADDRESS 3915 E. PATRICK LANE CITY-ST-ZIP LAS VEGAS, NV 89120	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Date: 3-25-08 Daytime Phone #: 702 434-1990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR