## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000003225

**Entity Name:** KENNEDY FUNDING, INC.

**FILED** Apr 08, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** TWO UNIVERSITY PLAZA, STE. 402 HACKENSACK, NJ 07601 **Current Mailing Address: New Mailing Address:** TWO UNIVERSITY PLAZA, STE. 402 HACKENSACK, NJ 07601 FEI Number: 22-2862077 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NOAH, DENIS H 1715 MONROE STREET US FORT MYERS, FL 33901 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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition WOLFER, JEFFREY Name: Name: WOLFER, JEFFREY TWO UNIVERSITY PLAZA, SUITE 402 TWO UNIVERSITY PLAZA, SUITE 402 Address: Address: City-St-Zip: HACKENSACK, NJ 07601 US City-St-Zip: HACKENSACK, NJ 07601 US VΡ Title: VPD (X) Change ( ) Addition Title: () Delete Name: WOLFER, GREGG Name: WOLFER, GREGG

TWO UNIVERSITY PLAZA, SUITE 402 Address:

TWO UNIVERSITY PLAZA, SUITE 402 Address: HACKENSACK, NJ 07601 US HACKENSACK, NJ 07601 US City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: ( ) Delete STD WOLFER, KEVIN WOLFER, KEVIN Name: Name:

TWO UNIVERSITY PLAZA, SUITE 402 TWO UNIVERSITY PLAZA, SUITE 402 Address: Address: City-St-Zip: HACKENSACK, NJ 07601 US City-St-Zip: HACKENSACK, NJ 07601 US

I hereby certify that the information supplied with this filing does not qualify 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: JEFFREY WOLFER PD 04/08/2008