




Jan 19,
Secr

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F03000005481		
1. Entity Name QUEST FUNDING CORPORATION		
Principal Place of Business 6 HUTTON CENTRE DRIVE STE. 1200 SANTA ANA, CA 92707		Mailing Address 6 HUTTON CENTRE DRIVE STE. 1200 SANTA ANA, CA 92707
DO NOT WRITE IN THIS SPACE		
		
4. FEI Number 03-0378459		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
PARACORP INCORPORATED 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOC BROOKS, SHERRY A 6 HUTTON CENTRE DRIVE STE. 1200 SANTA ANA, CA 92707	DO NOT WRITE IN THIS SPACE 000000185167 01/21/05-80003-011 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BERGENDAHL, KELLE 6 HUTTON CENTRE DRIVE STE. 1200 SANTA ANA, CA 92707	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDV FISHER, ROSS 6 HUTTON CENTRE DRIVE STE. 1200 SANTA ANA, CA 92707	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		Sherry A. Brooks 1-11-05 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>