


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000002054	
1. Entity Name LIBERTY PREMIUM FUNDING COMPANY	

Principal Place of Business 12641 E. 166TH STREET CERRIROS, CA 90703	Mailing Address 12641 E. 166TH STREET CERRIROS, CA 90703
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DO NOT WRITE IN THIS SPACE



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 33-0498603	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WALKER, SHANNON S 12641 E. 166TH STREET CERRIROS, CA 90703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS COSTELLO, MICHAEL G 12641 E. 166TH STREET CERRIROS, CA 90703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SPAUN, KAREN M 12641 E. 166TH STREET CERRIROS, CA 90703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS O'SHEA, MICHAEL 26255 AMERICAN DRIVE SOUTHFIELD, MI 480346112
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/18/06-80036-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Michael S O'Shea Asst Secretary 05/25/06 248-2041-8281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #