2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006366

Entity Name: MAINSTREAM FUNDING NETWORK, INC.

FILED Jan 04, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5586 MAIN STREET 5586 MAIN STREET WILLIAMSVILLE, NY 14221

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WILLIAMSVILLE, NY 14221

Current Mailing Address: New Mailing Address:

5586 MAIN STREET WILLIAMSVILLE, NY 14221

FEI Number: 06-1484070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NRAI SERVICES, INC BUSHORR, GARY T PRES. 7642 CAMMINARE DRIVE 2731 EXECUTIVE PARK DRIVE SARASOTA, FL 34238 SUITE 4 WESTON, FL 33331 US

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: GARY T. BUSHORR 01/04/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: PRFS (X) Change () Addition BUSHORR, GARY T BUSHORR, GARY T Name: Name:

5586 MAIN STREET 5586 MAIN STREET Address: Address: WILLIAMSVILLE, NY 14221 City-St-Zip: WILLIAMSVILLE, NY 14221 City-St-Zip:

Title: () Delete Title: () Change (X) Addition

BUSHORR, PATRICIA M VP Name: Name: 5586 MAIN STREET Address: Address: WILLIAMSVILLE, NY 14221 City-St-Zip: City-St-Zip:

Title: Title: () Delete () Change (X) Addition Name: HACKFORD, MARTIN E EXECVP Name:

5586 MAIN STREET Address Address: City-St-Zip: City-St-Zip: WILLIAMSVILLE, NY 14221

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY T. BUSHORR **PRES** 01/04/2007