2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003120

Entity Name: AL FUNDING, INC

City-St-Zip:

TALLAHASSEE, FL 32208

FILED Apr 27, 2006 Secretary of State

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Current P	rincipal Place	e of Business:	New Prince	New Principal Place of Business:			
5348 VEGA LAS VEGA	AS DRIVE AS, NV 89108		APT 11	415 E BREVARD ST APT 11 TALLAHASSEE, FL 32301			
Current M	lailing Addre	ss:	New Maili	New Mailing Address:			
5348 VEGA LAS VEGA	AS DRIVE AS, NV 89108		SUITE 11-	IONROE ST 210 SSEE, FL 8910	98		
FEI Number:	: 03-0560800	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()		
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
BYRD, ALL 1700 N. MO TALLAHAS	LEN ONROE ST., S SSEE, FL 323	STE. 11-210 03 US					
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	its registered of	fice or registered agent, or bo	oth,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered Age	ent		Date	_	
Election Can	npaign Financin	g Trust Fund Contribution ().					
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (BYRD, ALLEN P.O. BOX 401 TALLAHASSEE) Delete E, FL 32301	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	TD (WASHINGTON 1193 PRUETT SETTNER, FL	RD.	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address:	DENNIS, JEŃN) Delete IFER JKEE COMMONS DR.	Title: Name: Address:	()	Change () Addition		

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.

City-St-Zip:

SIGNATURE: ALLEN L. BYRD P 04/27/2006