

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003120

Entity Name: AL FUNDING, INC.

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

415 E BREVARD ST
APT 11
TALLAHASSEE, FL 32301

New Principal Place of Business:

277 SLASH LANE
MIDWAY, FL 32343 US

Current Mailing Address:

1700 N. MONROE ST
SUITE 11-210
TALLAHASSEE, FL 89108

New Mailing Address:

1700 N. MONROE ST
SUITE 11-210
TALLAHASSEE, FL 32303 US

FEI Number: 03-0560800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRD, ALLEN
1700 N. MONROE ST., STE. 11-210
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: BYRD, ALLEN
Address: P.O. BOX 401
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD () Delete
Name: WASHINGTON, HENRY
Address: 1193 PRUETT RD.
City-St-Zip: SETTNER, FL 33584

Title: S () Delete
Name: DENNIS, JENNIFER
Address: 1800 MICCOSUKEE COMMONS DR.
City-St-Zip: TALLAHASSEE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BYRD, ALLEN
Address: P.O. BOX 401
City-St-Zip: TALLAHASSEE, FL 32302

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BYRD, JENNIFER
Address: 277 SLASH LANE
City-St-Zip: MIDWAY, FL 32343

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: ALLEN L. BYRD

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date