- 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 8:00 am Secretary of State

DOCUMENT # F05000003135 1. Entity Name MARINE FUNDING, INC.						\	01-23-2006 9	00104 027 ***		
Principal Place 108-05 LIBE RICHMOND H	RTY AVENU	E	Mailing Address 108-05 LIBERTY AVEN RICHMOND HILL, NY 1				-			
2. Principal Place of Business 108-05 Liberty Avenue 3. Mailing Address 108-05 Liberty Suite, Apt. #, etc.					ty Ave				11141 8111881 14 1881	
Richmond Hill, NY			Richmond Hill			01102006 4. FEI Numb		CR2E034 (11/	Applied For	
Zip //419		Country Queens	Zip N419		ueens	11-329 5. Certificate	91189 of Status Desired	□ \$8.75	Not Applicable Additional guired	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
SINGH, FRANK						FRANK SINGH				
5291 SW 14TH STREET Str						t Address (P.O. Box Number is Not Acceptable)				
PLANTATION, FL 33317					419 Largovista Drive City Winter Garden FL Zip Code 311787					
					City Wint	Par Coa	rdon	FL Zp	Code	
8. The above	named entit	y submits this statement (the purpose of changing its	register					with, and accept	
the obligations of registered agent.										
SIGNATUREX Flourh Augl Signature, typed or printed name of registered agent applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND DIREC	TORS IN 11	
TITLE Name	P SINGH, F	DANK	☐ Defete	TITL	1			☐ Cha	inge 🗌 Addition	
STREET ADDRESS 108-05 LIBERTY AVENUE				NAM Stre	ET ADORESS					
CITY-ST-ZIP	RICHMON	ND HILL, NY 11419			-ST-ZIP		_ .			
TITLE NAME			☐ Delete	TITLI NAM				☐ Cha	inge 🛄 Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
TITLE			☐ Delete	TITL				☐ Cha	inge 🔲 Addition	
NAME STREET ADDRESS				NAM	-			_	-	
CITY-ST-ZIP					EET ADDRESS -ST-ZIP					
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CITY-ST-ZIP					-ST-ZIP					
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NAME			_ 55000	NAM	E					
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
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 otiger like empowered.										
SIGNATURE: SIGNATURE AND TYPED OR PRINCED NAME OF SIGNAND OFFICER OR DIRECTOR 1/10/06 7/8 845/10/4										