


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90024 041 \*\*\*150.00

<b>DOCUMENT # F05000006023</b> 1. Entity Name <b>ANDERSON FUNDING LIMITED, INC.</b>					
Principal Place of Business <b>3800 NORTH BUFFALO ROAD ORCHARD PARK, NY 14127</b>			Mailing Address <b>3800 NORTH BUFFALO ROAD ORCHARD PARK, NY 14127</b>		
2. Principal Place of Business - No P.O. Box # <b>4608 E. River Rd.</b>		3. Mailing Address <b>4608 E. River Rd.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Grand Island, NY</b>		City & State <b>Grand Island, NY</b>		4. FEI Number <b>16-1270086</b>	
Zip <b>14072</b>		Country <b>Erie</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THOMAS, DONALD J 445 E. PALMETTO PARK ROAD BOCA RATON, FL 33432</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u><i>Brooke L. Anderson Tompkins</i></u> <span style="float: right;">2/6/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <input type="checkbox"/> Delete <b>ANDERSON-TOMPKINS, BROOKE L 3800 NORTH BUFFALO ROAD ORCHARD PARK, NY 14127</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Brooke L. Anderson-Tompkins 4608 E. River Rd. Grand Island, NY. 14072</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete <b>CARSON, CHARLENE 3800 NORTH BUFFALO ROAD ORCHARD PARK, NY 14127</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					

*Brooke L. Anderson-Tompkins*