

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 19, 2008 8:00 am
Secretary of State

08-19-2008 90004 006 ***150.00

DOCUMENT # F06000000141

1. Entity Name
ADVANTAGE FUNDING CONSUMER CAPITAL CORP.



Principal Place of Business
**1111 MARCUS AVENUE
SUITE M27
LAKE SUCCESS, NY 11042**

Mailing Address
**1111 MARCUS AVENUE
SUITE M27
LAKE SUCCESS, NY 11042**

DO NOT WRITE IN THIS SPACE

08052008 No Chg-P CR2E034 (11/05)

4. FEI Number
51-0421390

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATE SERVICE BUREAU INC
515 EAST PARK AVE
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES KAYE, EDWARD P 24 WHITSON RD BRIARCLIFF, NY 10510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOLBAUGH, ERIC C 2 CHESTER COURT HUNTINGTON, NY 11743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STO SECRETARY / TREASURER KAPLAN, MICHAEL P 25 AUTUMN RIDGE ROAD POUND RIDGE, NY 10576
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Edward Kaye **EDWARD KAYE** 8/11/08 718-391-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #