2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000853

Address:

City-St-Zip:

Entity Name: ASHWORTH FUNDING INCORPORATED

FILED Jan 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1370 NW 114TH STREET SUITE 200 CLIVE, IA 50325 **Current Mailing Address: New Mailing Address:** 1370 NW 114TH STREET SUITE 200 CLIVE, IA 50325 FEI Number: 20-1492933 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CRAWFORD, MILDRED 2607 SENATOR WAY MELBOURNE, FL 32901 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition JOHNSON, MATTHEW P Name: Name: 2060 NW 129TH STREET Address: Address: City-St-Zip: CLIVE, IA 50325 City-St-Zip: Title: VCVP Title: () Delete () Change () Addition Name: METHENY, JAN W Name: 809 50TH STREET Address: Address: WEST DES MOINES, IA 50266 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition JOHNSON, JERRY L Name: Name: 7955 WISTFUL VISTA #44 Address: Address: City-St-Zip: WEST DES MOINES, IA 50266 City-St-Zip: Title: () Delete Title: **VCVP** () Change (X) Addition WILLIAMS, TAMMY S Name: Name:

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.

Address:

City-St-Zip:

1117 NE 31 STREET

ANKENY, IA 50021

SIGNATURE: JERRY L. JOHNSON ST 01/05/2007