

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

2008 APR -7 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04032008 Chg-P CR2E034 (12/06)

DOCUMENT # F06000004758			
1. Entity Name IBB FUNDING CORP.			
Principal Place of Business 7035 PHILIPS HIGHWAY SUITE 5-136 JACKSONVILLE, FL 32216		Mailing Address 7035 PHILIPS HIGHWAY SUITE 5-136 JACKSONVILLE, FL 32216	
2. Principal Place of Business - No P.O. Box # 7700 Square Lake Blvd Suite, Apt. #, etc.		3. Mailing Address 7700 Square Lake Blvd Suite, Apt. #, etc.	
City & State Jacksonville, FL Zip 32256 Country US		City & State Jacksonville, FL Zip 32256 Country U.S.	
6. Name and Address of Current Registered Agent CHRISTOPHERSON, ERIC 161 PINEHURST POINTE DR. SAINT AUGUSTINE, FL 32092		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDLONG, SANDRA 160 AVE DE LA MER #1901 PALM COAST, FL 32137 <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	P CHRISTOPHERSON, ERIC 161 PINEHURST POINTE DR SAINT AUGUSTINE, FL 32092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900122864579 04/10/08--01002--028 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PADUANO, ZUZANA 4429 N ALATAMAHA SAINT AUGUSTINE, FL 32092 <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 my address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-08

Date

(904) 265-2098

Daytime Phone #

11/8/08