


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000006168 1. Entity Name GRP FUNDING, INC	
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Principal Place of Business 40 HALLIE LANE SOMERS, CT 06071	Mailing Address 40 HALLIE LANE SOMERS, CT 06071
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DO NOT WRITE IN THIS SPACE



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 26-1361989	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INCORP SERVICES, INC
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPT EASTMAN, DANIEL 40 HALLIE LANE SOMERS, CT 06071
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S EMOND, GARY 40 HALLIE LANE SOMERS, CT 06071
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05/21/08-80019-016 150.00

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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: Gary Emond Date: 4/21/08 Daytime Phone #: 413-241-6320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR