

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003836

FILED
Apr 06, 2006
Secretary of State

Entity Name: APR FUNDING CORPORATION

Current Principal Place of Business:

8245 NIEMAN RD., STE. 100
LENEXA, KS 66214

New Principal Place of Business:

Current Mailing Address:

8245 NIEMAN RD., STE. 100
LENEXA, KS 66214

New Mailing Address:

FEI Number: 48-1173678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: HUFFMAN, KURT W
Address: 8245 NIEMAN RD STE 100
City-St-Zip: LENEXA, KS 66214

Title: ST () Delete
Name: HEALY, PATRICK F
Address: 3829 W. 58TH ST.
City-St-Zip: FAIRWAY, KS 66205

Title: S () Delete
Name: HICKMAN, RANDALL D
Address: 8245 NIEMAN RD., STE. 100
City-St-Zip: LENEXA, KS 66214

Title: D () Delete
Name: O'NEIL, TIM
Address: 8245 NIEMAN RD STE 100
City-St-Zip: LENEXA, KS 66214

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: RANDALL D. HICKMAN

SECR

04/06/2006

Electronic Signature of Signing Officer or Director

_____ Date