

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004880

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: TRIDENT FUNDING CORPORATION

## Current Principal Place of Business:

1077 BRIDGEPORT AVE.  
SHELTON, CT 06484

## New Principal Place of Business:

## Current Mailing Address:

1077 BRIDGEPORT AVE.  
SHELTON, CT 06484

## New Mailing Address:

FEI Number: 06-1457111

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: V ( ) Delete  
Name: BRYANT, MICHAEL  
Address: 5012 PENSIER ST  
City-St-Zip: LAS VEGAS, NV 89135

Title: SD ( ) Delete  
Name: DUNFORD, ROBERT  
Address: 5 BRAE LOCH WAY  
City-St-Zip: SHELTON, CT 06484

Title: PD ( ) Delete  
Name: FOLEY, JAMES  
Address: 2482 QUAIL POST DR  
City-St-Zip: WESTON, FL 33327

Title: TD ( ) Delete  
Name: MAHER, ANGELA  
Address: 13 HILLSIDE  
City-St-Zip: PORT WASHINGTON, NY 11050

Title: D ( ) Delete  
Name: MAHER, LUCY  
Address: 13 HILLSIDE  
City-St-Zip: PORT WASHINGTON, NY 11050

## 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:

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT J. DUNFORD

SD

04/28/2008

Electronic Signature of Signing Officer or Director

Date