


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000001413 1. Entity Name GUARDIAN NATIONAL FUNDING, INC.		
Principal Place of Business 100 N. VILLAGE AVE. ROCKVILLE CENTER, NY 11570	Mailing Address 100 N. VILLAGE AVE. ROCKVILLE CENTER, NY 11570	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BECKMAN, SHARON 141 MONACO C DELRAY BEACH, FL 33446		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDPS RIVERA, SHERRY 21 HOLLYWOOD AVE. LYNBROOK, NY 11563	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/5/07 516 594-1400 <small>Date Daytime Phone #</small>



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-2930230	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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01/11/07-80013-018 150.00

**DO NOT WRITE
IN THIS SPACE**