2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F99000002075

1 Entity Name

WALL STREET CAPITAL FUNDING, INC.



Principal Place of Business

1818 LAKEFIELD CT.

SUITE D

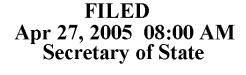
CONYERS, GA 30013-1738

Mailing Address

1818 LAKEFIELD CT.

SUITE D

CONYERS, GA 30013-1738





04252005

No Chg-P

CR2E034 (10/03)

4. FEI Number 58-2096905

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COUSINS, PATRICK 330 CLEMATIS ST., STE 218 WEST PALM BEACH, FL 33401

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	named entity submits this statement for the pions of registered agent.	urpose of changing its register	red office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title in	f anninghie /NOTE: Bourdar	ad Anont eignsture	required when reinstating)	DATE
	agrance, types of printed tiams in registered agent and like in	appeare. Prote register	ad Again a gliaidie	rodui od wriett revistoralis)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		 Election Campaign Fina Trust Fund Contribution. 		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	İ		
TITLE	CEO		1		
NAME	MILLER, JOEL				Hananngaccup
STREET ADDRESS CITY-ST-ZIP	1818 LAKEFIELD CT., STE D CONYERS, GA 30013		İ		100000335542 04/27/05-80088-016 150.00
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #