2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# J15854

Entity Name: TWO OCEAN FUNDING, INC.

Current Principal Place of Business:

% FRED H. FARNSWORTH
9501 ISTACHATTA RD
FLORAL CITY, FL 34436 US

New Principal Place of Business:

% FRED H. FARNSWORTH
9501 ISTACHATTA RD
FLORAL CITY, FL 34436 US

Current Mailing Address:

P.O. BOX 35
FLORAL CITY, FL 34436 US

New Mailing Address:

FEI Number: 59-2863620 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARNSWORTH, FRED H.
9501 ISTACHATTA ROAD
FLORAL CITY, FL 32636 US

Name and Address of New Registered Agent:

FARNSWORTH, FRED H.
9501 ISTACHATTA ROAD
FLORAL CITY, FL 32636 US

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: _____ 01/07/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: FARNSWORTH, FRED H.,
Address: 9501 ISTACHATTA ROAD
City-St-Zip: FLORAL CITY, FL

Title: ST ( ) Delete
Name: FARNSWORTH, SHARON,
Address: 9501 ISTACHATTA ROAD
City-St-Zip: FLORAL CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: FARNSWORTH, FRED H.,
Address: 9501 ISTACHATTA ROAD
City-St-Zip: FLORAL CITY, FL 34436 US

Title: ST (X) Change ( ) Addition
Name: FARNSWORTH, SHARON,
Address: 9501 ISTACHATTA ROAD
City-St-Zip: FLORAL CITY, FL 34436 US

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: SHARON FARNSWORTH ST 01/07/2009
Electronic Signature of Signing Officer or Director — Date