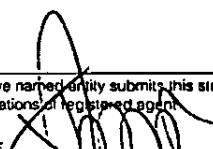
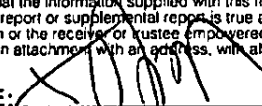


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90158 023 ****49.50
03-18-2005 90059 004 ***100.50

DOCUMENT # K85954			
1. Entity Name FAIMM FUNDING CORP.			
Principal Place of Business 4550 US ONW GRANT, FL 32905 US		Mailing Address 4550 U.S. HWY. 1 (PALM BAY, FL) P.O. BOX 780309 SEBASTIAN, FL 32978	
2. Principal Place of Business 4550 US 1		3. Mailing Address 4550 US 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Grant FL		City & State Grant FL	
Zip 32905	Country	Zip 32905	Country
4. FEI Number 59-2978624		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARPENTER, JOHN 6048 ISLAND HARBOR DRIVE SEBASTIAN, FL 32958		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: 		John Carpenter DATE: 3/15/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARPENTER, JOHN	NAME	
STREET ADDRESS	6048 NORTH ISLAND HARBOR DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN, FL 32958	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CARPENTER, WILLIAM	NAME	
STREET ADDRESS	3752 RENAULD	STREET ADDRESS	109 Becker Ave
CITY-ST-ZIP	MICO, FL 32976	CITY-ST-ZIP	Sebastian FL 32958
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby 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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		John Carpenter DATE: 3/15/05 321-952-1303	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	