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Apr 26, 2005 8:00 am
Secretary of State

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

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K85954

1. Entity Name
FAIMM FUNDING CORP.

Principal Place of Business	Mailing Address
4550 US ONW GRANT, FL 32905 US	4550 U.S. HWY. 1 (PALM BAY, FL) P.O. BOX 780309 SEBASTIAN, FL 32978

03132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4550 US 1	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

CARPENTER, JOHN
6048 ISLAND HARBOR DRIVE
SEBASTIAN, FL 32958

7. Name and Address of New Registered Agent

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 3/15/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 RENAVLD	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	
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 3/15/05 321-952-1303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #