2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088142

Entity Name: CAPITAL FUNDING GROUP LLC

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1810 PINELLAS AVE S 2218 US HIGHWAY 19 J HOLIDAY, FL 34691

TARPON SPRINGS, FL 34689

Current Mailing Address: New Mailing Address:

1810 PINELLAS AVE S 2218 US HIGHWAY 19 HOLIDAY, FL 34691

TARPON SPRINGS, FL 34689

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DUSHEIKO, SELWYN
1810 PINELLAS AVE S
2218 US HIGHWAY 19
HOLIDAY, FL 34691 US

TARPON SPRINGS, FL 34689 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: 04/28/2006

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 DUSHEIKO, SELWYN
 Name:
 DUSHEIKO, SELWYN

 Address:
 1810 PINELLAS AVE S
 Address:
 2218 US HIGHWAY 19

 City-St-Zip:
 TARPON SPRINGS, FL 34689 US
 City-St-Zip:
 HOLIDAY, FL 34691 US

Title: MGR () Delete Title: MGR (X) Change () Addition

Name:FOREMAN, DENISEName:FOREMAN, DENISEAddress:1810 PINELLAS AVE SAddress:2218 US HIGHWAY 19City-St-Zip:TARPON SPRINGS, FL 34689 USCity-St-Zip:HOLIDAY, FL 34691 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SELWYN DUSHEIKO MGR 04/28/2006