

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Nov 26, 2007  
Secretary of State**

DOCUMENT# L28964

Entity Name: FRANK T. FUNKE III ASSOCIATES INC.

**Current Principal Place of Business:**

8391 150TH CT NORTH  
WEST PALM BEACH, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 240  
JUPITER, FL 33468

**New Mailing Address:**

FEI Number: 65-0161367      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LAGERSTROM, JANET  
2565 NE INDIAN RIVER DRIVE  
JENSEN BEACH, FL 34958      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: FUNKE, FRANK T III  
Address: 8391 150TH CT NORTH  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VS      ( ) Delete  
Name: DIAMOND, STEVE  
Address: 5659 GOLDEN EAGLE CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S      ( ) Change (X) Addition  
Name: FUNKE, MICHELLE  
Address: 8391 150TH COURT NORTH  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: FRANK T FUNKE III

P

11/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date