


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90014 038 ****61.25

DOCUMENT # N97000003099 1. Entity Name FACILITIES FINANCING CORPORATION	
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Principal Place of Business 106 DIXIE LANE COCOA BEACH, FL 32931	Mailing Address 106 DIXIE LANE COCOA BEACH, FL 32931
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DO NOT WRITE IN THIS SPACE

60020137



01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3563121	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALLEN, JOHN 106 DIXIE LANE COCOA BEACH, FL 32931
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, JOHN 106 DIXIE LANE COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORCYNski, TOM 106 DIXIE LANE COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEVIGNY, ROGER 106 DIXIE LANE COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	JOHN M ALLEN DIRECTOR <small>Date</small> 2/16/06 <small>Daytime Phone #</small> (321) 783-7443
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