2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000042140

1. Entity Name

UNIVERSAL MORTGAGE FUNDING, INC.



FILED Apr 24, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1531 S TAMIAMI TRAIL #703 VENICE, FL 34285 1531 S TAMIAMI TRAIL #703 VENICE, FL 34285



DO NOT WRITE IN THIS SPACE

03142006

No Chg-P

CR2E034 (11/05)

FEI Number
 65-1003202

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBS, D. 1531 S TAMIAMI TRAIL #703 VENICE, FL 34285

DO NOT WRITE IN THIS SPACE

			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 Sprature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature (agrifted when reinstating) DATE					
	E NOW!!! FEE S \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000527733 05/05/06-80008-013 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PD JACOBS, D. 1531 S TAMIAMI TRAIL #703 VENICE, FL 34285		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		~ · · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
DILE NAME STREET ADDRESS CITY-SI-ZIP				IN .	THIS SPACE
TITLE NAME STREET AODRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. Thereby 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 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

CITY-ST-ZIP

AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06

941-492-5222

Daytime Phone #