


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # P0000042140
 1. Entity Name
 UNIVERSAL MORTGAGE FUNDING, INC.



Principal Place of Business: 1531 S TAMiami TRAIL #703 VENICE, FL 34285
 Mailing Address: 1531 S TAMiami TRAIL #703 VENICE, FL 34285

DO NOT WRITE IN THIS SPACE



02272007 No Chg-P CR2E034 (11/05)
 4. 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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JACOBS, D.
STREET ADDRESS	1531 S TAMiami TRAIL #703
CITY - ST - ZIP	VENICE, FL 34285
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 05/01/07-80060-004 150.00

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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 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: Do. Jacobs Don Jacobs 4/12/07 941.492.5222
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #