

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000043927

FILED
Jun 25, 2008
Secretary of State

Entity Name: PHOENIX COMMERCIAL FUNDING CORPORATION

Current Principal Place of Business:

8695 COLLEGE PKWY
STE 302
FORT MYERS, FL 33919

New Principal Place of Business:

8695 COLLEGE PKWY
STE 1204
FORT MYERS, FL 33919

Current Mailing Address:

8695 COLLEGE PKWY
STE 302
FORT MYERS, FL 33919

New Mailing Address:

8695 COLLEGE PKWY
STE 1204
FORT MYERS, FL 33919

FEI Number: 36-4371203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNABE, STEVEN
8695 COLLEGE PKWY.
STE 302
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

KNABE, STEVEN
8695 COLLEGE PKWY.
STE 1204
FORT MYERS, FL 33919 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:

06/25/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: KNABE, STEVEN
Address: 8695 COLLEGE PKWY, STE 302,
City-St-Zip: FORT MYERS, FL 33919

Title: VPT () Delete
Name: TREMPER, AGATHA
Address: 14166 REFLECTION LAKES DRIVE
City-St-Zip: FT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: KNABE, STEVEN
Address: 8695 COLLEGE PKWY, STE 1204,
City-St-Zip: FORT MYERS, FL 33919

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

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: STEVEN KNABE

P

06/25/2008

Electronic Signature of Signing Officer or Director

Date