

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000014984

FILED
May 02, 2005
Secretary of State

Entity Name: COMMERCIAL FUNDING GROUP, INC.

Current Principal Place of Business:

2896 PINEHURST AVE
BELLEAIR BLUFFS, FL 337701726

New Principal Place of Business:

2896 PINEHURST AVE
BELLEAIR BLUFFS, FL 337701726 US

Current Mailing Address:

2896 PINEHURST AVE
BELLEAIR BLUFFS, FL 337701726

New Mailing Address:

2896 PINEHURST AVE
BELLEAIR BLUFFS, FL 337701726 US

FEI Number: 59-3699900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SELLS, SANDRA L
2896 PINEHURST AVE
BELLEAIR BLUFFS, FL 33770 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVS () Delete
Name: SELLS, SANDRA L
Address: 2896 PINEHURST AVE
City-St-Zip: BELLEAIR BLUFFS, FL 337701726

Title: DPT () Delete
Name: SELLS, GENE
Address: 2896 PINEHURST AVE
City-St-Zip: BELLEAIR BLUFFS, FL 337701726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVS (X) Change () Addition
Name: SELLS, SANDRA L
Address: 2896 PINEHURST AVE
City-St-Zip: BELLEAIR BLUFFS, FL 337701726 US

Title: DPT (X) Change () Addition
Name: SELLS, GENE
Address: 2896 PINEHURST AVE
City-St-Zip: BELLEAIR BLUFFS, FL 337701726 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SANDRA L SELLS

DVS

05/02/2005

Electronic Signature of Signing Officer or Director

_____ Date