

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2006 8:00 am**  
**Secretary of State**

05-24-2006 90012 001 \*\*\*474.00

<b>DOCUMENT # P01000057422</b> 1. Entity Name <b>SWIG FUNDING, INC.</b>					
Principal Place of Business <b>6574 N STATE RD 7</b> <b>COCONUT CREEK, FL 33073</b>			Mailing Address <b>6574 N STATE RD 7</b> <b># 126</b> <b>COCONUT CREEK, FL 33067-3625</b>		
2. Principal Place of Business <i>SAME AS ABOVE</i> Suite, Apt. #, etc.			3. Mailing Address <i>SAME AS ABOVE</i> Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-1110809</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MOSKOWITZ, NEAL</b> <b>6720 NW 75 PLACE</b> <b>PARKLAND, FL 33067</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D MOSKOWITZ, LAINE</b> <b>6574 N. STATE ROAD 7 #126</b> <b>COCONUT CREEK, FL 33073</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D. PRES</b> <b>Neal Moskowitz</b> <b>6720 NW 75 Place</b> <b>Parkland, FLA 33067</b>		
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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.					
<b>SIGNATURE:</b> <i>Neal Moskowitz</i> <b>Pres.</b> <span style="float: right;">05/22/06 954-461-8034</span> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					

ATTACHMENT

Department of State  
Division of Corporations  
Annual Reports  
2661 Executive Center Circle  
Tallahassee, FL 32301

6607173  
#29800009752

May 23, 2006

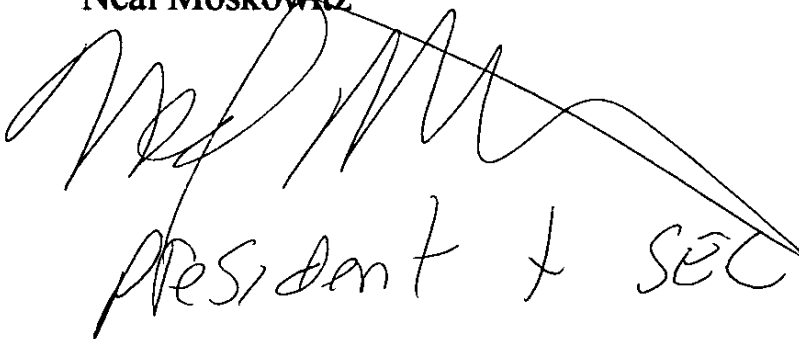
Gentlemen,

Enclosed please find check #1006 for  $158.00 \times 3 = \$474.00$   
This check represents payment for the three corporation's annual  
report form listed below.

- 1) Park Place Consulting, Inc.
- 2) Sutton Place Consulting, Inc.
- 3) Swig Funding, Inc

We had not received these in the mail, and were force to print  
from the internet, and mail them to you late. Please accept this as a  
waiver of the \$400.00 late fee per corporation. If there are any  
questions, please feel free to call me at 954-461-8166. Thank you  
for your prompt attention to this matter.

Respectfully yours,  
Neal Moskowitz

  
President & SEC