

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90006 036 ***150.00

DOCUMENT # P01000089889

1. Entity Name
PROPERTY FUNDING & ACQUISITIONS, INC.



Principal Place of Business Mailing Address
476 N. FLORIDA CIRCLE **476 N. FLORIDA CIRCLE**
APOLLO BEACH, FL 33572 **APOLLO BEACH, FL 33572**

2. Principal Place of Business 3. Mailing Address
6542 Hwy 41 N *6542 Hwy 41 N.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
203A *203A*

City & State City & State
Apollo Beach *Apollo Beach*
 Zip Country Zip Country
33572 *US* *33572* *US*



01062004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3743632 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WALE, PAMELA G
476 N. FLORIDA CIRCLE
APOLLO BEACH, FL 33572

7. Name and Address of New Registered Agent
 Name
WALE, PAMELA G.
 Street Address (P. O. Box Number is Not Acceptable)
6520 BIMINI CT.
 City State Zip Code
Apollo Beach **FL** *33572*

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: *Pamela G. Wale* DATE: *1/9/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALE, PAMELA G	NAME	<i>Wale, Pamela G</i>
STREET ADDRESS	476 N. FLORIDA CIRCLE <i>6520 Bimini Ct.</i>	STREET ADDRESS	<i>6520 Bimini Ct.</i>
CITY-ST-ZIP	APOLLO BEACH, FL 33572	CITY-ST-ZIP	<i>APOLLO BEACH, FL 33572</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Pamela G. Wale* DATE: *1/9/04 (813)* DAYTIME PHONE #: *645-8076*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR