2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

DOCUMENT # P01000089889 OL AUG 23 AM 9:51 PROPERTY FUNDING & ACQUISITIONS, INC. SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 6542 HWY 41 N. 203A 6542 HWY 41 N. 203A APOLLO BEACH, FL 33572 APOLLO BEACH, FL 33572 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08102004 CR2E034 (10/03) Cha-P City & State City & State 4. EEL Number Applied For 59-3743632 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALE, PAMELA G Street Address (P.O. Box Number is Not Acceptable) 6520 BIMINI CT. APOLLO BEACH, FL 33572 City Zip Code Fl 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete CEO Change ☐ Addition TITLE WELCH, PAMELA G. 6520 BIHINI CT WALE, PAMELA G NAME NAME STREET ADDRESS 6520 BIMINI CT STREET ADDRESS CITY-ST-ZIP APOLLO BEACH, FL 33572 CITY-ST-ZIP APOLLO BEACH, FL 33572 Addition ☐ Delete TITLE ☐ Change TITLE WELCH, RICHARD L 6520 BININICT NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOLLO BEACH, FL ☐ Delete TITLE TITLE ☐ Change ☐ Addition 500040738755 09/01/04--01075--004 **61 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 that empowered.

FIFD



CITY OF ATLANTIC CITY

No.

0124

OFFICE OF REGISTRAR OF VITAL STATISTICS

This is to certify that the following is correctly copied from a record of Marriage in my office

NAME OF HUSBAND	AGE	BIRTHPLACE
RICHARD LEE WELCH	59	ALBUQUERQUE, NM
MAIDEN NAME OF WIFE	AGE	BIRTHPLACE
PAMELA GIBSON	5.6	JERSEY CITY, NJ
DATE OF MARRIAGE	PLACE OF MARRIAGE	MARRIAGE PERFORMED BY
-DECEMBER 27, 2002	ATLANTIC CITY, NEW JERSEY	Joseph E. Kane, Judge Atlantic City, NJ

Registrar of Vital Statistics
ATLANTIC CITY, NEW JERSEY