2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000009399

Entity Name: SEMINOLE FUNDING INC.

FILED Apr 17, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7985 113TH ST. 9534 SEMINOLE BLVD SUITE 114 SEMINOLE, FL 33772

SEMINOLE, FL 33772

Current Mailing Address: New Mailing Address:

7985 113TH ST. 9534 SEMINOLE BLVD SUITE 114 SEMINOLE, FL 33772 SEMINOLE, FL 33772

FEI Number: 74-3026671 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PRES (X) Change () Addition

 Name:
 BALES, SHARON R
 Name:
 BALES, SHARON R

 Address:
 7985 113TH STREET SUITE-114
 Address:
 9534 SEMINOLE BLVD

 City-St-Zip:
 SEMINOLE, FL 33772
 City-St-Zip:
 SEMINOLE, FL 33772

Title: CEO () Delete Title: VPST (X) Change () Addition

 Name:
 BALES, THOMAS A
 Name:
 BALES, THOMAS A

 Address:
 7985 113TH STREET SUITE-114
 Address:
 9534 SEMINOLE BLVD

 City-St-Zip:
 SEMINOLE, FL 33772
 City-St-Zip:
 SEMINOLE, FL 33772

Title: STD (X) Delete Title: () Change () Addition

 Name:
 BALES, THOMAS A
 Name:

 Address:
 7985 113TH STREET SUITE-114
 Address:

 City-St-Zip:
 SEMINOLE, FL 33772
 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: THOMAS A BALES VP 04/17/2008