

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000045575

Entity Name: HRE FUNDING, INC.

FILED
Jan 22, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 81
LAKE GENEVA, FL 32160

New Principal Place of Business:

7921 STATE ROAD 100
BOX 81
LAKE GENEVA, FL 32160

Current Mailing Address:

P.O. BOX 81
LAKE GENEVA, FL 32160

New Mailing Address:

7921 STATE ROAD 100
BOX 81
LAKE GENEVA, FL 32160

FEI Number: 02-0591468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMES, SALVATORE R
7804 SR 100
PO BOX 81
LAKE GENEVA, FL 32160 US

Name and Address of New Registered Agent:

GOMES, SALVATORE R
7921 STATE ROAD 100
BOX 81
LAKE GENEVA, FL 32160 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: SALVATORE R. GOMES

01/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOMES, SALVATORE R
Address: P.O. BOX 81
City-St-Zip: LAKE GENEVA, FL 32160

Title: P () Delete
Name: GOMES, SALVATORE R
Address: P.O. BOX 81
City-St-Zip: LAKE GENEVA, FL 32160

Title: D () Delete
Name: GOMES, SALVATORE R
Address: P.O. BOX 81
City-St-Zip: LAKE GENEVA, FL 32160

Title: T () Delete
Name: GOMES, SALVATORE R
Address: P.O. BOX 81
City-St-Zip: LAKE GENEVA, FL 32160

Title: S () Delete
Name: GOMES, SALVATORE R
Address: P.O. BOX 81
City-St-Zip: LAKE GENEVA, FL 32160

Title: V () Delete
Name: GOMES, SALVATORE R
Address: P.O. BOX 81
City-St-Zip: LAKE GENEVA, FL 32160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SALVATORE GOMES

P

01/22/2007

Electronic Signature of Signing Officer or Director

Date