2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P02000071574 LANTON FUNDING AND FINANCIAL INC. Principal Place of Business Mailing Address 260 CRANDON BLVD STE 26 260 CRANDON BLVD STE 26 KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149

FILED Jan 22, 2007 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 01152007

| 4. FEI Number | | | Applied For |
|----------------------------------|---|-----------------------------------|----------------|
| 04-3697864 | | | Not Applicable |
| 5. Certificate of Status Desired | X | \$8.75 Additional Fee Required | |

(305) 361-9800

01/17/2007

6. Name and Address of Current Registered Agent

CORDOBA GOOD, MARIA C 260 CRANDON BLVD STE 26 KEY BISCAYNE, FL 33149

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| SIGNATURE | | | | | | |
|--|---|---|-------------------|--------------------------------|---|--|
| JIGHATORIE. | Signature, typed or printed name of registered agent and title i | f applicable. (NOTE: Register | nutangis tnegA be | required when reinstating) | DATE | |
| | E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00 | Election Campaign Fina Trust Fund Contribution | | \$5.00 May Be Added to Fees | U00000595498 01/23/07-80042-008 158.75 | |
| 10. | OFFICERS AND DIREC | CTORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOOD, MARIA 260 CRANDON BLVD STE 26 KEY BISCAYNE, FL 33149 | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO NOT WRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| 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. | | | | | | |

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