

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000100231 1. Entity Name CUE FUNDING INCORPORATED						FILED 06 JAN -9 AM 11:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 12832 WINTHROP COVE DRIVE JACKSONVILLE, FL 32224				Mailing Address P O BOX 16569 JACKSONVILLE, FL 32245			
2. Principal Place of Business 9951 ATLANTIC BLVD.				3. Mailing Address 			
Suite, Apt. #, etc. 4431 ATLANTIC BLVD.				Suite, Apt. #, etc. 			
City & State JACKSONVILLE, FL				City & State 			
Zip 32225		Country DUVAL		Zip 		Country 	
4. FEI Number 45-0485958				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KING, WILLIAM H 915 N E 24TH ST GAINESVILLE, FL 32601				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when registering)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
\$5.00 May Be Added to Fees				 			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KING, WILLIAM H <input type="checkbox"/> Delete 6050 E HWY 326 SILVER SPRINGS, FL 34488			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300064413873 01/25/06--01003--011 **\$150.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
SIGNATURE: William H. King <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				01-06-2006 904-992-0687 <small>Date Daytime Phone #</small>			