


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000009150 1. Entity Name INSTITUTIONAL MORTGAGE FUNDING, INC.	
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Principal Place of Business 2424 N.E. 22ND STREET POMPAÑO BEACH, FL 33062	Mailing Address 2424 N.E. 22ND STREET POMPAÑO BEACH, FL 33062
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  KLASFELD, MICHAEL C 2424 N.E. 22ND STREET POMPAÑO BEACH, FL 33062	<b>DO NOT WRITE IN THIS SPACE</b>
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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). DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KLASFELD, MICHAEL C 2424 N.E. 22ND STREET POMPAÑO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLASFELD, ILENE 2424 NE 22ND STREET POMPAÑO BEACH, FL 33062
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08/21/08-80001-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Ilene Klasefeld Pres June 1, 2008 561 368 5554  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Aug 21, 2008 08:00 AM**  
**Secretary of State**



05292008 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required