

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000012620

FILED  
May 01, 2008  
Secretary of State

Entity Name: CAPITAL FUNDING CORPORATION

**Current Principal Place of Business:**

7635 ASHLEY PARK CT SUITE 503P  
ORLANDO, FL 32835

**New Principal Place of Business:**

301 E. PINE ST  
SUITE 150  
ORLANDO, FL 32801

**Current Mailing Address:**

717 E OAK ST  
KISSIMMEE, FL 34744

**New Mailing Address:**

FEI Number: 06-1675270      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MOHUN, PETER  
7635 ASHLEY PARK CT  
SUITE 503 P  
ORLANDO, FL 32835 US

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

MOHUN, PETER  
5014 QUALITY TRAIL  
ORLANDO, FL 32829      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: \_\_\_\_\_ 05/01/2008  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: MOHUN, PETER  
Address: 5014 QUALITY TRAIL  
City-St-Zip: ORLANDO, FL 32829

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: MOHUN, PETER  
Address: 5014 QUALITY TRAIL  
City-St-Zip: ORLANDO, FL 32829

Title: D ( ) Change (X) Addition  
Name: MOHUN, TANIA  
Address: 5014 QUALITY TRAIL  
City-St-Zip: ORLANDO, FL 32829

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: PETER MOHUN      PST      05/01/2008  
Electronic Signature of Signing Officer or Director      Date