

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000041974

FILED
Mar 29, 2009
Secretary of State

Entity Name: PHOENIX FUNDING SERVICES, INC.

Current Principal Place of Business:

8695 COLLEGE PKWY
STE 1204
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

8695 COLLEGE PKWY
STE 1204
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 43-2010507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNABE, STEVEN R
8695 COLLEGE PKWY
STE 1204
FT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, S () Delete
Name: KNABE, STEVEN
Address: 8695 COLLEGE PKWY, STE 1204
City-St-Zip: FT MYERS, FL 33919 US

Title: VP () Delete
Name: TREMPER, AGATHA
Address: 14166 REFLECTION LAKES DRIVE
City-St-Zip: FT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: TREMPER, AGATHA
Address: 15231 TROPICBIRD COURT
City-St-Zip: FT MYERS, FL 33908

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: STEVEN KNABE

PRES

03/29/2009

Electronic Signature of Signing Officer or Director

Date