

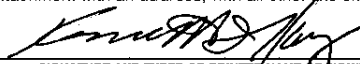


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90048 043 \*\*\*150.00

<b>DOCUMENT # P03000141575</b> 1. Entity Name <b>ARBOR FUNDING CORP.</b>					
Principal Place of Business <b>2309 S CYPRESS BEND DR #411 POMPAHO BCH, FL 33069</b>			Mailing Address <b>2309 S CYPRESS BEND DR #411 POMPAHO BCH, FL 33069</b>		
2. Principal Place of Business <b>7 E. SILVER SPRINGS BLVD</b> Suite, Apt. #, etc. <b>SUITE 103</b>		3. Mailing Address <b>7 E. SILVER SPRINGS BLVD.</b> Suite, Apt. #, etc. <b>SUITE 103</b>			
City & State <b>OCALA, FL</b>		City & State <b>OCALA, FL</b>		4. FEI Number <b>52-2419445</b>	
Zip <b>34470</b>		Country <b>MARION</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KARY, KENNETH J</b> <b>2309 S CYPRESS BEND DR #411</b> <b>POMPAHO BCH, FL 33069</b>			7. Name and Address of New Registered Agent Name <b>KENNETH J. KARY</b> Street Address (P.O. Box Number is Not Acceptable) <b>7 E. SILVER SPRINGS BLVD STE 103</b> City <b>OCALA</b> <b>FL</b> Zip Code <b>34470</b>		
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: <b>KENNETH J. KARY</b>  <b>2-11-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KARY, KENNETH J</b> <b>2309 S CYPRESS BEND DR #411</b> <b>POMPAHO BCH, FL 33069</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/P</b> <b>KENNETH J. KARY</b> <b>7 E. SILVER SPRINGS BLVD STE 103</b> <b>OCALA, FL 34470</b> <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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b>  <b>KENNETH J. KARY</b> <b>2-11-04</b> <b>352 622-2004</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					