## 2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P03000155675

## FILED Apr 27, 2006 8:00 am Secretary of State

1. Entity Name PRESIDENTIAL FUNDING GROUP, INC.						04-27-2000	6 90178 009	***15	50.00	
Principal Place	of Business	Mailing Address				-				
13100 SW 28TH COURT Davie, Fl. 33330		13100 SW 28TH COURT Davie, FL 33330				,				
2 Dringings Of	ace of Business CONPORATE	3. Mailing Address		O PATE	-					
	AWGRASS PKWY	1580 SAWGRASS PKWY				85.519 (331) 821(F 4813) 881	ET 1186) BUILT BUIL	HEBRI BIII	181 II IBBI	
Suite, Apt. #, etc. SUITE 130		Suite, Apl. #, etc.  SUITE 13b			04182006	Chg-P	CR2E034 (11/05)			
SUNRISE FL		SUNRISE FL			4. FEI Number 20-050					
<sup>Zip</sup> 3332	Country	3 <b>3323</b>	Coun	<sup>12</sup> A	5. Certificate	of Status Desired		75 Addi Required		
2004	6. Name and Address of Current I				7. Name and	Address of New F				
GUILLARMOD, KEITH					Name					
	28TH COURT	Street Address			(P.O. Box Number is Not Acceptable)					
1 5 4				City			<b>—</b> 1 ?	ip Code		
				L	Land annual Land	h is the Creto of El	F L_			
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 or repistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OF		CTORS	N 11	
TITLE NAME	GUILLARMOD, KEITH			Œ				wienisc	_ Addition	
STREET ADDRESS CITY-ST-ZIP	10.000 0.11 = 0.11 0.000			EET ADDRESS '-ST-ZIP						
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NAME STREET ADDRESS			NAM STRE							
CITY-S1-ZIP		□ Poisso		-S1-ZIP				Change	☐ Addition	
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STREET ADDRESS CITY-ST-ZIP				EET ADDRESS - ST-ZIP						
TITLE		☐ Delete	ΤΠL	Ĭ			0.0	Change	Addition	
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CITY-ST-ZIP				'- ST- ZIP						
NAME		Delete	TITL NAM				Π.	Change	Addition	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP					į	
TITLE		☐ Delete	TITL	E				Change	Addition	
NAME Street address			natv Stri	eet address						
CITY-ST-ZIP	(111)	11		-ST-ZIP						
12. Thereby certify that the information subclied with this fling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 offul seed empresed to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 if chapter, or on an attachment with a address, with all other like empowered.										
SIGNATURE: 4-18-06.										
Ι	SIGNATURE AND TOPED OR P	HETED NAME OF SIGNING OFFICER	R OR DIREC	TOR		Date	Davtime	Phone 8		