2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 31, 2007 8:00 am Secretary of State DOCUMENT # P04000036781 01-31-2007 90053 001 ***150.00 1. Entity Name WACHOVIA MORTGAGE FUNDING, INC. Principal Place of Business Mailing Address 4000127 3625 NW 31ST AVE 3625 NW 31ST AVE OAKLAND PARK, FL 33309 OAKLAND PARK, FL 33309 Principal Place of Business - No P.O. Box # 3. Mailing Address 0(39 N. W. 0139 N.h. Suite. Apt. #, etc 01042007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Colol 0(91 20-0783069 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NATHANSON, ERIC 3625 NW 31ST; AVE 01 OAKLAND PARK, FL 33309 Colal Splings 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 tamiliar 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Addition TATLE TITLE ☐ Change NATHANSON, ERIC NAME NAME STREET ADDRESS 10139 NW 31ST 102 STREET ADDRESS CORAL SPRINGS, FL 33065 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME Scatt Paigs. STREET ADDRESS STREET ADDRESS 3585 N. W. 31 Are CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 of SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR