2008 FOR PROFIT CORPORATION

FILED Jan 17, 2008 08:00 A Secretary of State ANNUAL REPORT **DOCUMENT # P04000039288** TRANS GLOBAL MORTGAGE FUNDING, INC. Principal Place of Business Mailing Address 10139 NW 31ST 10139 NW 31ST #102 #102 CORAL SPRINGS, FL. 33065 CORAL SPRINGS, FL 33065 CB2E034 (11/05) 01072008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0811006 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NATHANSON, ERIC DO NOT WRITE 10139 NW 31 ST #102 CORAL SPRINGS, FL 33065 IN THIS SPACE 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, tyrieti criprinted name cliregistered agent and title if actificable DATE (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME NATHANSON, ERIC STREET ADDRESS 10139 NW 1 ST #102 CITY-ST-7IP CORAL SPRINGS, FL 33065 U00000786842 01/17/08-80059-015 150.00 TITLE 3MAM STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 por 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 v h an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-7IP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR