

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000061893

FILED
Apr 04, 2006
Secretary of State

Entity Name: STAR CAPITAL FUNDING GROUP, CORP.

Current Principal Place of Business:

726 PINE CLUB LANE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

726 PINE CLUB LANE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 57-1202800 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMPSON, RHODALINE N FRANCE
726 PINE CLUB LANE
WELLINGTON, FL 33414 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: PCEO () Delete
Name: THOMPSON, RHODALINE N FRANCE
Address: 726 PINE CLUB LANE
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: THOMPSON, RHODALINE N FRANCE
Address: 726 PINE CLUB LANE
City-St-Zip: WELLINGTON, FL 33414

Title: VD () Delete
Name: CLAYTON, HOWARD O
Address: 2629 AVENUE E, APT. B-1
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: FRANCE, DAVID O
Address: 14 KENSINGTON AVE., APT C-4
City-St-Zip: JERSEY CITY, NJ 07304

Title: D () Delete
Name: ACQUAAH, KWAME
Address: 6015 D. ROCKCLIFF LANE
City-St-Zip: ALEXANDRIA, VA 22310

Title: D () Delete
Name: FRANCE, REGINALD N
Address: 12204 MCKEENA CIRCLE
City-St-Zip: RICHMOND, VA 23112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: CLAYTON, HOWARD O
Address: 3136 AVENUE H. WEST
City-St-Zip: RIVIERA BEACH, FL 33404

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RHODALINE N FRANCE THOMPSON

PCEO

04/04/2006

Electronic Signature of Signing Officer or Director

_____ Date