

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000106503

FILED
Feb 08, 2006
Secretary of State

Entity Name: CTM FUNDING CORPORATION

Current Principal Place of Business:

3417 BENT OAK ST
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

3417 BENT OAK ST
VALRICO, FL 33594

New Mailing Address:

FEI Number: 32-0160499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDADE, MARK W
3417 BENT OAK ST
VALRICO, FL 33594 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: D () Delete
Name: MCDADE, MARK W
Address: 3417 BENT OAK ST
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: MCDADE, MARIA P
Address: 3417 BENT OAK ST
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCDADE, MARK W
Address: 3417 BENT OAK ST
City-St-Zip: VALRICO, FL 33594

Title: VPST (X) Change () Addition
Name: MCDADE, MARIA P
Address: 3417 BENT OAK ST
City-St-Zip: VALRICO, FL 33594

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: MARIA MCDADE

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02/08/2006

Electronic Signature of Signing Officer or Director

_____ Date