

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000110946

FILED
Apr 30, 2008
Secretary of State

Entity Name: COAST TO COAST FUNDING & CONSULTING GROUP, INC.

Current Principal Place of Business:

1116 SUNSET POINT RD.
SUITE 204
CLEARWATER, FL 33755

New Principal Place of Business:

1116 SUNSET POINT RD.
CLEARWATER, FL 33755

Current Mailing Address:

1116 SUNSET POINT RD.
SUITE 204
CLEARWATER, FL 33755

New Mailing Address:

9624 SOUTH CICERO AVE.
117
OAK LAWN, IL 60453

FEI Number: 20-3287823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTON, DARLENE A
1116 SUNSET POINT RD.
SUITE 204
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

WALTON, DARLENE A
1116 SUNSET POINT RD.
CLEARWATER, FL 33755 US

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:

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALTON, DARLENE A
Address: 1116 SUNSET POINT RD SUITE 204
City-St-Zip: CLEARWATER, FL 33755

Title: SEC (X) Delete
Name: SCIMECA, CHARLES J SEC
Address: 21610 DEER POINT CROSSING
City-St-Zip: BRADINGTON, FL 34202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: WALTON, DARLENE A
Address: 1116 SUNSET POINT RD
City-St-Zip: CLEARWATER, FL 33755

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

I hereby certify that the information supplied with this filing does not qualify 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: DARLENE WALTON

PSTD

04/30/2008

Electronic Signature of Signing Officer or Director

Date