2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000030566

City-St-Zip:

Entity Name: FEDERAL FLINDING CORPORATION

FILED Jan 11, 2005 Secretary of State

Entry Name: FEDERAL FUNDING CORPORATION	
Current Principal Place of Business:	New Principal Place of Business:
480 SAWGRASS CORPORATE PWKY SUITE 220	
SUNRISE, FL 33325 US	
Current Mailing Address:	New Mailing Address:
480 SAWGRASS CORPORATE PKWY	
SUITE 220 SUNRISE, FL 33325 US	
FEI Number: 65-0483445 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
USA TELECOM INC. 480 SAWGRASS CORPORATE PKWY SUITE 220 SUNRISE, FL 33325 US	
The above named entity submits this statement for the pur in the State of Florida.	rpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agent	t Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

SUNRISE, FL 33325

Title: Title: (X) Change () Addition PDTS () Delete PDTS RAYMOND, DAVID RAYMOND, DAVID Name: Name: 480 SAWGRASS CORPORATE PKWY 3201 GRIFFIN RD. Address: Address: City-St-Zip: DANIA, FL City-St-Zip: SUNRISE, FL 33325 Title: () Delete Title: CD (X) Change () Addition GARDNER, ROBERT GARDNER, ROBERT Name: Name: Address: 3201 GRIFFIN RD. Address: 480 SAWGRASS CORPORATE PKWY SUNRISE, FL 33325 DANIA, FL City-St-Zip: City-St-Zip: Title: Title: () Delete CFO () Change (X) Addition Name: Name: SHAW, KAREN Address: Address: 480 SAWGRASS CORPORATE PKWY

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: KAREN F SHAW **CFO** 01/11/2005