

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000083859

FILED
Apr 29, 2008
Secretary of State

Entity Name: EVERGREEN FUNDING LTD, INC.

Current Principal Place of Business:

200 BREVARD AVE
SUITE 104
COCOA, FL 32922 US

Current Mailing Address:

200 BREVARD AVE
SUITE 104
COCOA, FL 32922 US

New Principal Place of Business:

1980 N. ATLANTIC AVENUE
SUITE 511
COCOA BEACH, FL 32931 US

New Mailing Address:

1980 N. ATLANTIC AVENUE
SUITE 511
COCOA BEACH, FL 32931 US

FEI Number: 59-3282857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWER, NANCY E
1980 N. ATLANTIC AVE
SUITE 511
COCOA BEACH, FL 329313273 US

Name and Address of New Registered Agent:

BROWER, NANCY E
1980 N. ATLANTIC AVE
SUITE 511
COCOA BEACH, FL 32931 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: NANCY E BROWER

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: BROWER, NANCY E
Address: 200 BREVARD AVE SUITE 104
City-St-Zip: COCOA, FL 32922 US

Title: DP () Delete
Name: BROWER, NANCY E
Address: 200 BREVARD AVE SUITE 104
City-St-Zip: COCOA, FL 32922 US

Title: DT () Delete
Name: BROWER, NANCY E
Address: 200 BREVARD AVE SUITE 104
City-St-Zip: COCOA, FL 32922 US

Title: DV (X) Delete
Name: TURLA, RENE
Address: 1875 PORPOISE ST
City-St-Zip: MERRITT ISLAND, FL 32952 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: BROWER, NANCY E
Address: 1980 N. ATLANTIC AVE #511
City-St-Zip: COCOA BEACH, FL 32931 US

Title: DP (X) Change () Addition
Name: BROWER, NANCY E
Address: 1980 N. ATLANTIC AVE #511
City-St-Zip: COCOA BEACH, FL 32931 US

Title: DT (X) Change () Addition
Name: BROWER, NANCY E
Address: 1980 N. ATLANTIC AVE #511
City-St-Zip: COCOA BEACH, FL 32931 US

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: NANCY BROWER

DS

04/29/2008

Electronic Signature of Signing Officer or Director

Date