

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000032321

FILED  
Apr 13, 2006  
Secretary of State

Entity Name: ALLSTATE FUNDING CORPORATION

**Current Principal Place of Business:**

4021 W. WATERS AVE.  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

4021 W. WATERS AVE.  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 59-3376801

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAILLIAU, CHARLES  
3837 NORTHDAL BLVD. #230  
TAMPA, FL 33624 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: P ( ) Delete  
Name: CAILLIAU, CHARLES  
Address: 3837 NORTHDAL BLVD. #230  
City-St-Zip: TAMPA, FL 33624

Title: VP ( ) Delete  
Name: STODDARD, MELISSA  
Address: 4021 W WATERS AVENUE  
City-St-Zip: TAMPA, FL 33614

Title: AVP ( ) Delete  
Name: DELRIO, CONSUELO  
Address: 4021 W WATERS AVENUE  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: CHARLES CAILLIAU

P

04/13/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date