

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000024966

1. Entity Name  
CHASE FUNDING, INC.



Principal Place of Business  
PO BOX 403303  
MIAMI BEACH, FL 33140

Mailing Address  
PO BOX 403303  
MIAMI BEACH, FL 33140

**DO NOT WRITE IN THIS SPACE**

04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0766129	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
HERSKOWITZ, BARBARA  
4205 MERIDIAN AVE  
MIAMI BEACH, FL 33140

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	HERSKOWITZ, BARBARA
STREET ADDRESS	4205 MERIDIAN AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000755523  
05/22/07-80103-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Barbara Herskowitz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-30-07*

**FILED  
May 02, 2007 08:00 A  
Secretary of State**