
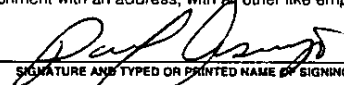


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90121 044 ***150.00

DOCUMENT # P98000015537 1. Entity Name FAIRBANKS MORTGAGE FUNDING, INC.					
Principal Place of Business 1801 E. COLONIAL DR. STE. 101 ORLANDO, FL 32803			Mailing Address 1801 E. COLONIAL DR. STE. 101 ORLANDO, FL 32803		
2. Principal Place of Business 5514 Edgewater Dr.		3. Mailing Address P.O. Box 607190			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Orlando, FL		City & State Orlando FL		4. FEI Number 59-3494137	
Zip 32810		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32860		Country Orange		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ASENJO, PAUL E 14906 PRAIRIE ROSE COURT ORLANDO, FL 32824			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2005 City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASENJO, PAUL 14906 PRAIRIE ROSE CT ORLANDO, FL 32824 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 305 McCoy Village Ct Apopka, FL 32712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASENJO, IVETTE 14906 PRAIRIE ROSE CT ORLANDO, FL 32824 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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: 			4/29/05 (407) 380-1233		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		