
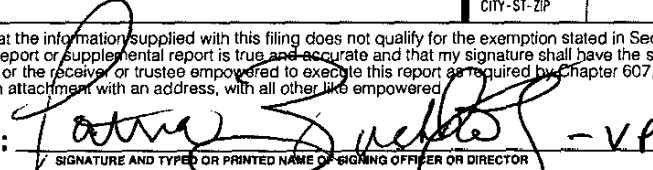


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90030 001 ***300.00

DOCUMENT # P98000037029 1. Entity Name ATM CAPITAL FUNDING CORPORATION					
Principal Place of Business 3320 US HWY 19 HOLIDAY, FL 34691			Mailing Address 3320 US HWY 19 HOLIDAY, FL 34691		
2. Principal Place of Business 8054 WASHINGTON ST Suite, Apt. #, etc. Suite 169			3. Mailing Address 8054 WASHINGTON ST Suite, Apt. #, etc. Suite 169		
City & State Port Richey, FL			City & State Port Richey, FL		
Zip 34668			Zip 34668		
Country USA			Country USA		
4. FEI Number 59-3514413			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WESTENBERGER, RICHARD 7414 CHELTNAM COURT NEW PORT RICHEY, FL 34655				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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, 2004 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 P	NAME WESTENBERGER, RICHARD		TITLE <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 8054 WASHINGTON ST. Suite 169 Port Richey, FL 34668
STREET ADDRESS 3320 US HWY 19	CITY-ST-ZIP HOLIDAY, FL 34691		STREET ADDRESS 8054 WASHINGTON ST Suite 169 Port Richey, FL 34668	CITY-ST-ZIP Port Richey, FL 34668	CITY-ST-ZIP Port Richey, FL 34668
TITLE VP	NAME BUCKHOLZ, PATRICIA		TITLE <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 8054 WASHINGTON ST Suite 169 Port Richey, FL 34668
STREET ADDRESS 3320 US HIGHWAY 19	CITY-ST-ZIP HOLIDAY, FL 34691		STREET ADDRESS 8054 WASHINGTON ST Suite 169 Port Richey, FL 34668	CITY-ST-ZIP Port Richey, FL 34668	CITY-ST-ZIP Port Richey, FL 34668
TITLE VP	NAME BUCKHOLZ, PATRICIA		TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 8054 WASHINGTON ST Suite 169 Port Richey, FL 34668
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  -VP SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 1-7-04 Daytime Phone #: 727-815-8515					

PATRICIA BUCKHOLZ