

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)

DOCUMENT # P98000063860

1. Entity Name

EXPRESS SMALL BUSINESS FUNDING, INC.



FILED  
May 01, 2006 8:00 am  
Secretary of State

05-01-2006 90442 034 \*\*\*150.00



1st MOORE CR2E034 (10/05)

Principal Place of Business 17595 S. TAMiami TR. 200-4 FORT MYERS FL 33908		Mailing Address 17595 S. TAMiami TR. 200-4 FORT MYERS FL 33908	
2. Principal Place of Business 24440 WOODSAGE DRIVE Suite, Apt. #, etc. N/A		3. Mailing Address ← SAME Suite, Apt. #, etc. N/A	
City & State BONITA SPRINGS FL		City & State ← SAME	
Zip 34134	Country LEE	Zip	Country
6. Name and Address of Current Registered Agent MOORE, S R 17595 S. TAMiami TR. SUITE 204 FORT MYERS FL 33908		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

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 I.D. if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  \$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	PD MOORE, S R 17595 S. TAMiami TR. SUITE 204 FORT MYERS FL 33908	<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	24440 WOODSAGE DRIVE BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Section 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:

S. R. MOORE, PRESIDENT 04-21-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-

454-4269