## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 02, 2005 08:00 AM Secretary of State DOCUMENT # S05503 **DUNCAN FUNDING CORPORATION** Principal Place of Business Mailing Address 2832 NE 26TH STREET 2832 NE 26TH STREET FORT LAUDERDALE, FL 33305 FORT LAUDERDALE, FL 33305 04202005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. EEI Number Applied For 65-0241991 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KRAFT, PATRICK DO NOT WRITE 2832 NE 26TH STREET FORT LAUDERDALE, FL 33305 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 little if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME HERSHKOWITZ, PAUL 1498 NW 3RD ST. STREET ADDRESS U00000359459 05/04/05-80156-007 350.00 CITY-ST-ZIP DEERFIELD BEACH, FL 33442 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY+ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 attactment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**