2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# S47344

Entity Name: LENDERS FUNDING CORPORATION

Current Principal Place of Business:

333 3RD AVE NORTH
SUITE 400
ST. PETERSBURG, FL 33701

New Principal Place of Business:

333 3RD AVENUE NORTH
SUITE 400
ST. PETERSBURG, FL 33701 US

Current Mailing Address:

P.O. BOX 429
ST. PETERSBURG, FL 33731

New Mailing Address:

P.O. BOX 429
ST. PETERSBURG, FL 33731 US

FEI Number: 59-3060369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JENKINS, DAVID A
333 3RD AVE NORTH
SUITE 400
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

JENKINS, DAVID A
333 3RD AVENUE NORTH
SUITE 400
ST. PETERSBURG, FL 33701 US

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.

SIGNATURE: DAVID A. JENKINS 04/25/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: INNES H. IRWIN,
Address: 333 3RD AVE NORTH STE 400
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: DVAT ( ) Delete
Name: IAN F. IRWIN,
Address: PO BOX 267
City-St-Zip: ST THOMAS, VI 00804

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPAS (X) Change ( ) Addition
Name: IRWIN, NEIL MR
Address: 333 3RD AVENUE NORTH, SUITE 400
City-St-Zip: ST PETERSBURG, FL 33701 US

Title: DVP (X) Change ( ) Addition
Name: IRWIN, IAN F MR
Address: PO BOX 267
City-St-Zip: ST THOMAS, VI 00804

Title: DVPS ( ) Change (X) Addition
Name: GOODGER, JULIE K MS
Address: P.O. BOX 429
City-St-Zip: ST. PETERSBURG, FL 33731 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL IRWIN MR. 04/25/2005
Electronic Signature of Signing Officer or Director Date