


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90096 008 ***150.00

DOCUMENT # S79467	
1. Entity Name FINANCIAL FUNDING GROUP, INC.	

Principal Place of Business FINANCIAL FUNDING GROUP, INC. 2828 TAMiami TRAIL N. NAPLES, FL 34103 US	Mailing Address FINANCIAL FUNDING GROUP, INC. 2828 TAMiami TRAIL N. NAPLES, FL 34103 US
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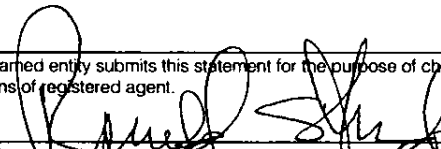
2. Principal Place of Business - No P.O. Box # 683 Rudder Rd	3. Mailing Address 683 Rudder Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NAPLES, FL	City & State NAPLES, FL
Zip 34102	Zip 34102
Country US	Country US

01102008 Chg-P CR2E034 (12/06)

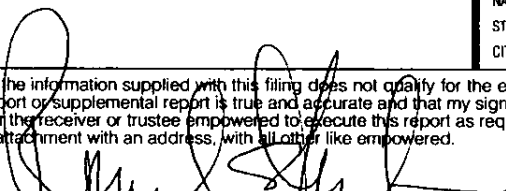
4. FEI Number 65-0282928	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FREEDMAN, RONALD S. 2828 TAMiami TRAIL N. NAPLES, FL 34103	
7. Name and Address of New Registered Agent Name: FREEDMAN, RONALD S Street Address (P.O. Box Number is Not Acceptable): 683 Rudder Rd City: NAPLES FL Zip Code: 34102	

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: 	DATE: 1-10-08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FREEDMAN, RONALD S PRES		NAME FREEDMAN, RONALD S	
STREET ADDRESS 2828 TAMiami TRAIL N.		STREET ADDRESS 683 Rudder Rd	
CITY-ST-ZIP NAPLES, FL 34103		CITY-ST-ZIP NAPLES, FL 34102	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 	DATE: 1-10-08 239-777-6480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RONALD S. FREEDMAN	