

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002331

Entity Name: 4G FUNDING, INC.

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

300 WHEELER ROAD, SUITE 101
HAUPPAUGE, NY 11788

New Principal Place of Business:

5 ROOSEVELT AVENUE
PORT JEFFERSON STATION, NY 11776

Current Mailing Address:

300 WHEELER ROAD, SUITE 101
HAUPPAUGE, NY 11788

New Mailing Address:

5 ROOSEVELT AVENUE
PORT JEFFERSON STATION, NY 11776

FEI Number: 75-2992229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDPS () Delete
Name: GOOTOS, CHRISTOPHER J
Address: 300 WHEELER ROAD, SUITE 101
City-St-Zip: HAUPPAUGE, NY 11788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDPS (X) Change () Addition
Name: GOOTOS, CHRISTOPHER J PRES
Address: 5 ROOSEVELT AVENUE
City-St-Zip: PORT JEFFERSON STATION, NY 11776

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CHRISTOPHER J. GOOTOS

PRES

01/08/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date