

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006366

FILED
Apr 13, 2009
Secretary of State

Entity Name: MAINSTREAM FUNDING NETWORK, INC.

Current Principal Place of Business:

5586 MAIN STREET
101
WILLIAMSVILLE, NY 14221

New Principal Place of Business:

Current Mailing Address:

5586 MAIN STREET
101
WILLIAMSVILLE, NY 14221

New Mailing Address:

FEI Number: 06-1484070 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUSHORR, GARY T PRES.
7642 CAMMINARE DRIVE
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

BUSHORR, GARY T PRES.
4940 BRIDGEHAMPTON BLVD.
SARASOTA, FL 34238 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: _____

Electronic Signature of Registered Agent

04/13/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BUSHORR, GARY T
Address: 5586 MAIN STREET
City-St-Zip: WILLIAMSVILLE, NY 14221

Title: VP () Delete
Name: BUSHORR, PATRICIA M VP
Address: 5586 MAIN STREET
City-St-Zip: WILLIAMSVILLE, NY 14221

Title: E.VP () Delete
Name: HACKFORD, MARTIN E EXECVP
Address: 5586 MAIN STREET
City-St-Zip: WILLIAMSVILLE, NY 14221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GARY T. BUSHORR

Electronic Signature of Signing Officer or Director

PRES

04/13/2009

Date