

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002190

Entity Name: MC FUNDING, INC.

FILED  
Feb 01, 2007  
Secretary of State

**Current Principal Place of Business:**

1609 ROUTE 202  
POMONA, NY 10970

**New Principal Place of Business:**

**Current Mailing Address:**

1609 ROUTE 202  
POMONA, NY 10970

**New Mailing Address:**

FEI Number: 01-0671609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KORIK, MARCAS  
4101 PINETREE DRIVE  
MIAMI BEACH, FL 33140 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: CP ( ) Delete  
Name: LABKOWSKI, MENACHEM  
Address: 105 MCNAMARA ROAD  
City-St-Zip: SPRING VALLEY, NY 10977

Title: VPVC ( ) Delete  
Name: ZEILINGOLD, ANN  
Address: 3 LAURA LANE  
City-St-Zip: SPRING VALLEY, NY 10977

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: MENAHEM LABKOWSKI

PRES

02/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date