FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

			16(a) of the Securities Exchange A f the Investment Company Act of 19						
1. Name and Address of Reporting Person* Bernstein Brad Mitchell	2. Date of Event Requiring Statement (Month/Day/Year) 06/29/2007		3. Issuer Name and Ticker or Trading Symbol Anchor Funding Services, Inc. [NONE]						
(Last) (First) (Middle) C/O ANCHOR FUNDING SERVICES, INC.			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)			
10801 JOHNSTON ROAD SUITE 210			X Officer (give title below) President	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person			
(Street) CHARLOTTE NC 28226			riestache						
(City) (State) (Zip)									
	Table I - No	n-Deriva	tive Securities Beneficiall	y Owned					
			2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownersh Form: Direct or Indirect (Instr. 5)	rect (D) (Instr.			Beneficial Ownership	
Common Stock			2,000,000	D					
(e			e Securities Beneficially (ants, options, convertible		s)				
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conver or Exer	cise	e Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiratior Date	Title	Amount or Number of Shares	Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)		
Common Stock Purchase Options ⁽¹⁾	01/31/2007	01/31/2017	Common Stock	950,000	1.2	5	D		
1. Name and Address of Reporting Person* <u>Bernstein Brad Mitchell</u>									
(Last) (First) (Middle C/O ANCHOR FUNDING SERVICES, INC. 10801 JOHNSTON ROAD SUITE 210)								
(Street) CHARLOTTE NC 28226									

C/O ANCHOR FUNDING SERVICES, INC., 10801 JOHNSTON ROAD SUITE 210

(First)

(State)

1. Name and Address of Reporting Person*

(Street)

(City)

Bernstein Ilissa

CHARLOTTE, NC 28226

(City) (State) (Zip)

Explanation of Responses:

1. Vest one third on 2/28/07, one third on 2/29/08 and one third on 2/28/09.

/s/ Brad Bernstein 06/29/2007 /s/ Ilissa Bernstein 06/29/2007

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

(Zip)

(Middle)

^{*} If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.