# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000002152

1. Entity Name
BENCHMARK CAPITAL FUNDING CORPORATION

FILED
06 APR 12 AM 11:54

| Principal Place of Business | Mailing Address |
|---|---|
| 313 NORTH BIRCH<br>SANTA ANA, CA 92701 | 313 NORTH BIRCH<br>SANTA ANA, CA 92701 |

03312006 Chg-P CR2E034 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 313 N. Birch Street | 313 N. Birch Street |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Santa Ana, CA | City & State: Santa Ana, CA |
| Zip: 92701 Country: U.S.A. | Zip: 92701 Country: U.S.A. |

4. FEI Number: 91-2103285 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| PARACORP INCORPORATED<br>236 EAST 6TH AVENUE<br>TALLAHASSEE, FL 32303 | Name: Florida Filing & Search Services, Inc.<br>Street Address (P.O. Box Number is Not Acceptable): 1333 North Duval Street<br>City: Tallahassee FL Zip Code: 32303 |

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: Debbie Hodge 4/11/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PCD<br>RICHARDS, SCOTT<br>313 NORTH BIRCH<br>SANTA ANA, CA 92701 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/CEO/T/S/D<br>Richards, Scott I.<br>313 N. Birch Street<br>Santa Ana, CA 92701 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 400072706364<br>04/28/06--01027--026 **150.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | B 4/12/06 | ☐ Change ☐ Addition |

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: Scott I. Richards 4/5/06 (714) 558-7185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #