


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2007 08:00 A.
Secretary of State

DOCUMENT # 842108 1. Entity Name VAN KAMPEN FUNDS INC.	
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Principal Place of Business 1221 AVENUE OF THE AMERICAS NEW YORK, NY 10020	Mailing Address ONE PARKVIEW PLAZA PO BOX 5555 OAKBROOK TERRACE, IL 60181-5555
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DO NOT WRITE IN THIS SPACE



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 36-2811402	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KILEY, MICHAEL P 1221 AVENUE OF THE AMERICAS NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD WOOD III, EDWARD CHARLES 1 PARKVIEW PLAZA OAKBROOK TERRACE, IL 601815555
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD MASSONI, STEVEN M 1 PARKVIEW PLAZA PO BOX 5555 OAKBROOK TERRACE, IL 601815555
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED REIN, WALTER E 1 PARKVIEW PLAZA OAKBROOK TERRACE, IL 601815555
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD FINK, BARRY 1 PARKVIEW PLAZA PO BOX 5555 OAKBROOK TERRACE, IL 601815555
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000753621
05/22/07-80028-017 150.00

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:  **Eric J. Marmoll** **4/23/2007** **(630) 684-6140**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #