

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000000369

1. Entity Name
FLEXPOINT FUNDING CORPORATION



Principal Place of Business
30 EXECUTIVE PARK, SUITE 200
IRVINE, CA 92614

Mailing Address
30 EXECUTIVE PARK, SUITE 200
IRVINE, CA 92614



06012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0806023

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REGISTERED AGENT SOLUTIONS, INC.
1333 N. DUVAL STREET
TALLAHASSEE, FL 32303

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1100000566837
06/06/06-80002-011 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KNOTT, RYAN
30 EXECUTIVE PARK, SUITE 260
IRVINE, CA 92614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SCD
GORDON, STANLEY
30 EXECUTIVE PARK, SUITE 260
IRVINE, CA 92614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

RYAN KNOTT, President

6/5/2006

949-250-4466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #