

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90008 038 ***150.00

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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**

40009987



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092007

Chg-P

CR2E034 (12/06)

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.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**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	PD KNOTT, RYAN	<input type="checkbox"/> Delete
STREET ADDRESS	30 EXECUTIVE PARK, SUITE 260	
CITY-ST-ZIP	IRVINE, CA 92614	
TITLE NAME	SCD GORDON, STANLEY	<input type="checkbox"/> Delete
STREET ADDRESS	30 EXECUTIVE PARK, SUITE 260	
CITY-ST-ZIP	IRVINE, CA 92614	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	President Knott, Ryan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	30 Executive Park, Suite 100	
CITY-ST-ZIP	Irvine, CA 92614	
TITLE NAME	Secretary Gordon, Stanley	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	30 Executive Park, Suite 100	
CITY-ST-ZIP	Irvine, CA 92614	
TITLE NAME	Treasurer Shur, Howard	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	30 Executive Park, Suite 100	
CITY-ST-ZIP	Irvine, CA 92614	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/07

Date

944-955-8100

Daytime Phone #