


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F02000002180		
1. Entity Name GREENLIGHT FINANCIAL SERVICES, INC.		

FILED
06 SEP 13 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 8105 IRVINE CENTER DRIVE SUITE 100 IRVINE, CA 92618	Mailing Address 8105 IRVINE CENTER DRIVE SUITE 100 IRVINE, CA 92618
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

09112006 Chg-P CR2E034 (11/05)

4. FEI Number 33-0973601	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEXIS DOCUMENT SERVICES, INC. 1201 HAYS STREET 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	
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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 _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PHAM, JOANN Q <input type="checkbox"/> Delete 8105 IRVINE CENTER DRIVE, #100 IRVINE, CA 92618	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE VP GEORGE JAY HENDOZA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8105 IRVINE CENTER DR. #100 IRVINE, CA 92618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOMMER, STACEY <input type="checkbox"/> Delete 8105 IRVINE CENTER DRIVE, #100 IRVINE, CA 92618	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAC HOANG PHAM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8105 IRVINE CENTER DR. #100 IRVINE, CA 92618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC PHAM, JOANN Q <input type="checkbox"/> Delete 8105 IRVINE CENTER DRIVE, SUITE 100 IRVINE, CA 92618	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400079825784 09/14/06--01041--019 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PENA, ROLANDO <input type="checkbox"/> Delete 8105 IRVINE CENTER DRIVE, SUITE 100 IRVINE, CA 92618	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LISINICCHIA, JEFFREY <input type="checkbox"/> Delete 8105 IRVINE CENTER DRIVE, SUITE 100 IRVINE, CA 92618	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BENTIVEGNA, JOSEPH F <input checked="" type="checkbox"/> Delete 8105 IRVINE CENTER DRIVE, SUITE 100 IRVINE, CA 92618	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Joseph Bentivegna 9/11/06 949-265-4693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

209/12