2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004893

Entity Name: HOME LOAN FUNDING, INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2501 ALTON PARKWAY IRVINE, CA 92606				16808 ARMSTRONG AVE IRVINE, CA 92606			
Current Mailing Address:				New Mailing Address:			
2501 ALTON PARKWAY IRVINE, CA 92606				16808 ARMSTRONG AVE IRVINE, CA 92606			
FEI Number:	33-0037533	FEI Number Applied For()	FEI Num	nber Not Appli	cable ()	Certificate	e of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US 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							
SIGNATUR		ic Signature of Registered Agent				Г	 Date
Election Cam		g Trust Fund Contribution ().				_	
OFFICERS AND DIRECTORS: ADDITIONS						S TO OFFI	CERS AND DIRECTORS:
Title: Name: Address: City-St-Zip: Title:	BENJAMIN, SAM 2501 ALTON PA IRVINE, CA 926	ARKWAY		Title: Name: Address: City-St-Zip: Title:	P BENJAMIN, 16808 ARMS IRVINE, CA	STRONG AVE	,
Name: Address: City-St-Zip:	BENJAMIN, KAN 2501 ALTON PA IRVINE, CA 926	Y L ARKWAY		Name: Address: City-St-Zip:	BENJAMIN,	KAY L STRONG AVE) raditori
Title: Name: Address: City-St-Zip:	SVP () BENJAMIN, DAN 2501 ALTON PA IRVINE, CA 926	ARKWAY		Title: Name: Address: City-St-Zip:	SVP BENJAMIN, 16808 ARMS IRVINE, CA	STRONG AVE) Addition
Title: Name: Address: City-St-Zip:	VP () DUCKWORTH, 2501 ALTON PA IRVINE, CA 926	ARKWAY		Title: Name: Address: City-St-Zip:	VP DUCKWORT 16808 ARMS IRVINE, CA	STRONG AVE) Addition
Title: Name: Address: City-St-Zip:	VP (X) GARRETT, AUS 2501 ALTON PA IRVINE, CA 926	ARKWAY		Title: Name: Address: City-St-Zip:		()Change() Addition
Title: Name: Address: City-St-Zip:	VP (X) GEE, JOSEPH I 2501 ALTON PA IRVINE, CA 926	ARKWAY		Title: Name: Address: City-St-Zip:		() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH DUCKWORTH VP 04/27/2007