


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F05000006963</b> 1. Entity Name <b>FREMONT RESOURCES, INC.</b>	
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Principal Place of Business <b>199 FREMONT STREET, 19TH FLOOR SAN FRANCISCO, CA 94105-2255</b>	Mailing Address <b>P.O. BOX 194170 SAN FRANCISCO, CA 94119-4170</b>
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**DO NOT WRITE IN THIS SPACE**



02122007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>94-3253290</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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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 reconstituting) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DACHS, A.M. 199 FREMONT STREET, 19TH FLOOR SAN FRANCISCO, CA 941052255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DUNCAN, D.L. 199 FREMONT STREET, 19TH FLOOR SAN FRANCISCO, CA 941052255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYNES, H.J. 199 FREMONT STREET, 19TH FLOOR SAN FRANCISCO, CA 941052255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KOPF, R.S. 199 FREMONT STREET, 19TH FLOOR SAN FRANCISCO, CA 941052255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COFFINO, S. 199 FREMONT STREET, 19TH FLOOR SAN FRANCISCO, CA 941052255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/15/07-80010-016 150.00

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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.

<b>SIGNATURE:</b> 	<b>S. Coffino</b> Treasurer	<b>2/16/07</b> Date	<b>415/284-8716</b> Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			