




2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90101 042 ***158.75

DOCUMENT # F06000004764					
1. Entity Name OPULENT FUNDING, INC.					
Principal Place of Business 1624 W KATELLA AVE SUITE B ORANGE, CA 92867			Mailing Address 1624 W KATELLA AVE SUITE B ORANGE, CA 92867		
2. Principal Place of Business - No P.O. Box # 19200 Von Karman Ave		3. Mailing Address 19200 Von Karman Ave			
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300		01242007 Chg-P CR2E034 (12/06)	
City & State Irvine CA.		City & State Irvine CA.		4. FEI Number 41-2199319	
Zip 92612		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS GORDON, FRANK 1624 W KATELLA AVE SUITE B ORANGE, CA 92867		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS Gordon, Frank 19200 Von Karman Ave. # 300 Irvine, CA. 92612	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP CALDER, KIMBERLY 1624 W KATELLA AVE SUITE B ORANGE, CA 92867		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP Calder, Kimberly 19200 Von Karman Ave #300 Irvine, CA. 92612	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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: 			1/27/07 (949) 381-5865		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		