

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000129721

FILED
Jun 30, 2006
Secretary of State

Entity Name: VIBRANT MORTGAGE FUNDING, INC.

Current Principal Place of Business:

6005 SILVER STAR RD
ORLANDO, FL 32808

New Principal Place of Business:

6005 SILVER STAR RD
SUITE A
ORLANDO, FL 32808

Current Mailing Address:

6005 SILVER STAR RD
ORLANDO, FL 32808

New Mailing Address:

6005 SILVER STAR RD
SUITE A
ORLANDO, FL 32808

FEI Number: 01-0846487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VELMONTE, BENJAMIN V CPA
2183 US HIGHWAY 27 N
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

ESTRADA, JUANITO T
6005 SILVER STAR ROAD
ORLANDO, FL 32808 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.

SIGNATURE: JUANITO T. ESTRADA

06/30/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SISON, BENEDICTA I
Address: 6005 SILVER STAR RD
City-St-Zip: ORLANDO, FL 32808

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SISON, BENEDICTA I
Address: 6005 SILVER STAR RD. SUITE A
City-St-Zip: ORLANDO, FL 32808

Title: LO () Change (X) Addition
Name: REYNOLDS, VICTORIA
Address: 6005 SILVER STAR ROAD, SUITE A
City-St-Zip: ORLANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify for the 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: BENEDICTA SISON

PD

06/30/2006

Electronic Signature of Signing Officer or Director

Date