


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90074 026 ***150.00

DOCUMENT # P05000129721 1. Entity Name VIBRANT MORTGAGE FUNDING, INC.			
Principal Place of Business 6005 SILVER STAR RD SUITE A ORLANDO, FL 32808		Mailing Address 6005 SILVER STAR RD SUITE A ORLANDO, FL 32808	
2. Principal Place of Business - No P.O. Box # 6005 SILVER STAR ROAD		3. Mailing Address 6005 SILVER STAR RD	
Suite, Apt. #, etc. SUITE A		Suite, Apt. #, etc. SUITE A	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32808	Country U.S.	Zip 32808	Country U.S.
4. FEI Number 01-0846487		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESTRADA, JUANITO T 6005 SILVER STAR ROAD ORLANDO, FL 32808		7. Name and Address of New Registered Agent Name SISON, BENEDICTA Street Address (P.O. Box Number is Not Acceptable) 6005 SILVER STAR ROAD ORLANDO, FL City ORLANDO FL Zip Code 32808	
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 <u>BENEDICTA SISON, PD</u> DATE 4/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
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	PD SISON, BENEDICTA 6005 SILVER STAR RD. SUITE A ORLANDO, FL 32808 <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	LO REYNOLDS, VICTORIA VIORICA 6005 SILVER STAR ROAD, SUITE A ORLANDO, FL 32808 <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	LO INCIONG, ANDREA 6005 Silver Star Rd. Ste. A Orlando, FL 32808 <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: <u>BENEDICTA SISON</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/30/07 Daytime Phone # 407-522-4329	