

N-PX: Filer Information

Filer CIK	<input type="text" value="0001771146"/>
Filer CCC	<input type="text" value="*****"/>
Date of Report	<input type="text" value="06/30/2024"/>
Are you a Registered Management Investment Company or an Institutional Manager?	<input type="text" value="Registered Management Investment Company"/>
Filer Investment Company Type	<input type="text" value="Form N-1A Filer (Mutual Fund)"/>
Is this a LIVE or TEST Filing?	<input type="radio"/> LIVE <input checked="" type="radio"/> TEST
Is this an electronic copy of an official filing submitted in paper format?	<input type="checkbox"/>

Submission Contact Information

Name	<input type="text" value="Customer Service"/>
Phone Number	<input type="text" value="212-631-7591"/>
E-mail Address	<input type="text" value="customerservice@qualityedgar.com"/>

Notification Information

Notify via Filing Website only?	<input type="checkbox"/>
Notification E-mail Address	<input type="text" value="filing@ccofva.com"/>
Notification E-mail Address	<input type="text" value="debbie.mills@watermarknc.com"/>
Notification E-mail Address	<input type="text" value="julian.winters@watermarknc.com"/>

N-PX: Series/Class (Contract) Information

Series ID Record:1

Series ID	<input type="text" value="S000083675"/>
All?	<input checked="" type="checkbox"/>

Series ID Record:2

Series ID	<input type="text" value="S000083676"/>
All?	<input checked="" type="checkbox"/>

Series ID Record:3

Series ID	<input type="text" value="S000083677"/>
All?	<input checked="" type="checkbox"/>

Series ID Record:4

Series ID	<input type="text" value="S000080899"/>
All?	<input checked="" type="checkbox"/>

Series ID Record:5

Series ID	<input type="text" value="S000080897"/>
All?	<input checked="" type="checkbox"/>

Series ID Record:6

Series ID	<input type="text" value="S000080900"/>
All?	<input checked="" type="checkbox"/>

Series ID Record:7

Series ID	<input type="text" value="S000080898"/>
All?	<input checked="" type="checkbox"/>

N-PX: Cover Page

Name and address of reporting person:

Name of reporting person (For registered management investment companies, provide exact name of registrant as specified in charter)	<input type="text" value="ETF Opportunities Trust"/>
Street 1	<input type="text" value="8730 Stony Point Parkway"/>

Street 2	<input type="text" value="Suite 205"/>
City	<input type="text" value="Richmond"/>
State/Country	<input type="text" value="VIRGINIA"/>
Zip code and zip code extension or foreign postal code	<input type="text" value="23235"/>
Telephone number of reporting person, including area code:	<input type="text" value="804.267.7400"/>

Name and address of agent for service:

Name of agent for service	<input type="text" value="Commonwealth Fund Services, Inc."/>
Street 1	<input type="text" value="8730 Stony Point Parkway"/>
Street 2	<input type="text" value="Suite 205"/>
City	<input type="text" value="Richmond"/>
State/Country	<input type="text" value="VIRGINIA"/>
Zip code and zip code extension or foreign postal code	<input type="text" value="23235"/>
Reporting Period:	Report for the year ended June 30, <input type="text" value="2024"/>
SEC Investment Company Act or Form 13F File Number:	<input type="text" value="811-23439"/>
CRD Number (if any):	<input type="text"/>
Other SEC File Number (if any):	<input type="text"/>
Legal Entity Identifier (if any):	<input type="text"/>

Report Type (check only one):

Do you wish to provide explanatory information pursuant to Special Instruction B.4?:	<input type="checkbox"/> Registered Management Investment Company.
	<input type="radio"/> Fund Voting Report (Check here if the registered management investment company held one or more securities it was entitled to vote.)
	<input checked="" type="radio"/> Fund Notice Report (Check here if the registered management investment company did not hold any securities it was entitled to vote.)
	<input type="checkbox"/> Institutional Manager.
Additional information:	<input type="radio"/> Institutional Manager Voting Report (Check here if all proxy votes of this reporting manager are reported in this report.)
	<input type="radio"/> Institutional Manager Notice Report (Check here if no proxy votes are reported in this report and complete the notice report filing explanation section below)
	<input type="radio"/> Institutional Manager Combination Report (Check here if a portion of the proxy votes for this reporting manager are reported in this report and a portion are reported by other reporting person(s).)
	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="text"/>	<input type="text"/>

N-PX: Summary - Included Managers

Number of Included Institutional Managers:	<input type="text" value="0"/>
Included Institutional Managers:	<input type="text" value="NONE"/>

N-PX: Summary - Included Series

Number of Series:	<input type="text" value="7"/>
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Information about the Series:1

Series Identification Number:	<input type="text" value="S000083675"/>
Series Name:	<input type="text" value="T Rex 2X Long Alphabet Daily Target ETF"/>
LEI:	<input type="text" value="254900SVU7TG8KWNFA57"/>

Information about the Series:2

Series Identification Number:	<input type="text" value="S000083676"/>
Series Name:	<input type="text" value="T Rex 2X Long Apple Daily Target ETF"/>
LEI:	<input type="text" value="254900MT8ZPLS7NE4975"/>

Information about the Series:3

Series Identification Number:

Series Name:

LEI:

Information about the Series:4

Series Identification Number:

Series Name:

LEI:

Information about the Series:5

Series Identification Number:

Series Name:

LEI:

Information about the Series:6

Series Identification Number:

Series Name:

LEI:

Information about the Series:7

Series Identification Number:

Series Name:

LEI:

N-PX: Signature Block

Reporting Person:

By (Signature):

By (Printed Signature):

By (Title):

Date: