
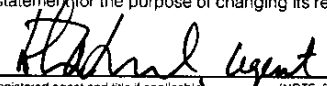
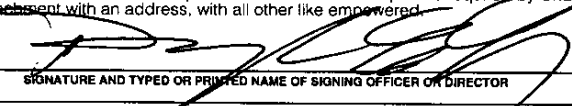


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90388 020 \*\*\*150.00

<b>DOCUMENT # K28295</b> 1. Entity Name <b>PINNACLE FINANCIAL CORPORATION</b>					
Principal Place of Business <b>2611 TECHNOLOGY DRIVE ORLANDO, FL 32804 US</b>				Mailing Address <b>2611 TECHNOLOGY DR. ORLANDO, FL 32804 US</b>	
2. Principal Place of Business		3. Mailing Address <b>PO Box 608066</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Orlando, Florida</b>		4. FEI Number <b>59-2898269</b>	
Zip		Zip <b>32860-8066</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GASDICK, MICHAEL J ESQ. 390 N. ORANGE AVE. SUITE 260 ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent Name <b>F&amp;L Corp.</b> Street Address (P.O. Box Number is Not Acceptable) <b>One Independent Drive</b> <b>Suite 1300</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32202-5017</b>	
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  <span style="float: right;">DATE <b>Apr 19, 2006</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VRATANINA, JEFFREY J</b> <b>1005 LONGLEY COVE</b> <b>HEATHROW, FL 32746</b>	<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	<b>DCEO</b> <b>LONG, DOUGLAS F</b> <b>12540 PARK AVE</b> <b>WINDERMERE, FL</b>	<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	<b>D</b> <b>LONG, BRENDA</b> <b>12540 PARK AVE</b> <b>WINDERMERE, FL</b>	<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	<b>D</b> <b>VRATANINA, LISA M</b> <b>1005 LONGLEY COVE</b> <b>HEATHROW, FL 32746</b>	<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	<b>P</b> <b>GIRARD, JAMES M</b> <b>17526 DEER ISLE CIRCLE</b> <b>WINTER GARDEN, FL 34787</b>	<input checked="" 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	<b>S</b> <b>EMERSON-CAMPBELL, KATE</b> <b>7135 WRENWOOD WAY</b> <b>WINTER PARK, FL 32792</b>	<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.					
<b>SIGNATURE:</b> 			Date <b>04/18/06</b> Daytime Phone # <b>407.578.2000</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					