2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2005 08:00 AM Secretary of State DOCUMENT # P02000022555 A PINNACLE MORTGAGE OF SW FLORIDA, INC. Principal Place of Business Mailing Address 1031 CAPE CORAL PARKWAY E 1031 CAPE CORAL PARKWAY E SUITE 209 SUITE 209 CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 04052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 02-0564096 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RISSLING, BRENT DO NOT WRITE 4106 NW 11TH TERRACE CAPE CORAL, FL 33993 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when refustating) U00000301169 13/05-80021-001 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD RISSLING, BRENT NAME STREET ADDRESS 4106 NW 11TH TERRACE CITY-ST-ZIP CAPE CORAL, FL 33993 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY ST-ZIP TITLE IN THIS SPACE STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(i), 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P

FILED