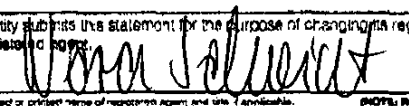
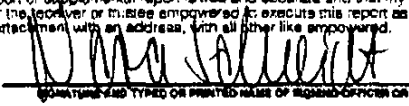


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 17 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000153133			
1. Entity Name PIONEER INVESTMENT CENTER OF C.F. INC.			
Principal Place of Business 427 E TARPON AVE STE 108 715 E Lime Street TARPON SPRINGS, FL 34689		Mailing Address 427 E TARPON AVE STE 108 P.O. Box 2014 TARPON SPRINGS, FL 34689	
2. Principal Place of Business 715 E Lime Street		3. Mailing Address P.O. Box 2014	
Suite, Apt. #, etc. Suite 310		Suite, Apt. #, etc. Suite 310	
City & State Tarpon Springs FL		City & State Tarpon Springs FL	
Zip 34689		Zip 34689	
Country USA		Country USA	
5. Name and Address of Current Registered Agent SCHMIDT, NORA 427 E TARPON AVE STE 108 TARPON SPRINGS, FL 34689		7. Name and Address of New Registered Agent Name Nora Schmitt Street Address (P.O. Box Number is not acceptable) 715 E Lime Street Suite 310 City Tarpon Springs FL 34689	
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 		10/12/05	
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROUMAND, ALEXANDER PO BOX 6037 ORLANDO, FL 32853	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800060687308 10/17/05--01069--016 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, NORA 427 E TARPON AVE STE 108 TARPON SPRINGS, FL 34689	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schmitt, Nora 715 E Lime Street Suite 310 Tarpon Springs FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 incorporator 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: 		10/12/05 727-234-5825	

10/20/05

Pioneer Investment
Center of C. F. Inc.
P.O. Box 2014
Tarpon Springs, FL 34688

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

As a follow up to my call of 10/10/05.

As I stated I just received the notice in the mail.

Due to the Fact that we changed office locations in Dec. 04 my mail was not received by me.

Please re-instate our corporation. I am enclosing a check for \$150.00 as we outlined in our conversation.

Thank you for your help.



Nora Schmidt
Registering Agent