

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90120 031 \*\*\*150.00

<b>DOCUMENT # P04000022879</b> 1. Entity Name <b>PIONEER MORTGAGE FUNDING CORP</b>					
Principal Place of Business <b>2331 N SR 7 STE 214-B LAUDERHILL, FL 33313</b>			Mailing Address <b>2331 N SR 7 STE 214-B LAUDERHILL, FL 33313</b>		
2. Principal Place of Business <b>4000 NORTH STATE RD 7</b> Suite, Apt. #, etc. <b>402</b>		3. Mailing Address <b>4000 NORTH STATE RD 7</b> Suite, Apt. #, etc. <b>402</b>			
City & State <b>LAUDERDALE LAKES FL</b> Zip <b>33319</b>		City & State <b>LAUDERDALE LAKES FL</b> Zip <b>33319</b>		4. FEI Number <b>05-1218741</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JOHN, DAVE</b> <b>2331 N SR 7 STE 214-B</b> <b>LAUDERHILL, FL 33313</b>				7. Name and Address of New Registered Agent Name <b>DAVE JOHN</b> Street Address (P.O. Box Number is Not Acceptable) <b>4000 NORTH STATE RD 7 #402</b> City <b>LAUDERDALE LAKES</b> <b>FL</b> Zip Code <b>33319</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 <u><i>Dave John</i></u> DATE <u>4/1/05</u> <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, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHN, DAVE <input checked="" type="checkbox"/> Delete 2331 N SR 7 STE 214-B LAUDERHILL, FL 33313		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DAVE JOHN 4000 NORTH STATE RD 7 #402 LAUDERDALE LAKES FL 33319	
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	
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	
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 exemption stated in Section 119.07(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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Dave John</i></u> <u>4/1/05</u> <u>954 358 0766</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					