## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 03, 2006 08:00 AM Secretary of State DOCUMENT # P04000022879 1. Entity Name PIONEER MORTGAGE FUNDING CORP Principal Place of Business Mailing Address 4000 NORTH STARE RD 7 4000 NORTH STARE RD 7 LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. if, etc. tst MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 65-1218741 Not Applicat Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOHN, DAVE Street Address (P.O. Box Number is Not Acceptable) 4000 NORTH STATE RD 7 #402 LAUDERDALE LAKES FL 33319 City Zio Code 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 access the obligations of registered agent (NOTE Registered Agent signature required when remistating) Signature impedial ed name of remstered agent and trib if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 6: After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ta. 11. 3371.5 פמ ☐ Delete THE ☐ Change Addition | U000000489141 MARKE JOHN, DAVE **ELAME** STREET ADDRESS 04/18/06-80003-025 150.00 STREET ADDRESS 4000 NORTH STATE RD 7 #402 CITY-ST-ZIP LAUDERDALE LAKES FL 33319 CATY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TOTLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 Change ☐ Defete 71772.8 Addition HILL NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Defete IIILE ☐ Change Addilior Addilior TITLE NAME NAME STREET ADURESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition 3531E THE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST: ZIP Addition HILE Delete TITLE □ Change NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-11P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 it made under oath, that I am an officer or director of the corporation or the receiver or furstee empowered to execute as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attadhylent with an address, with all other like empowered.

SIGNATURE:

**FILED**