

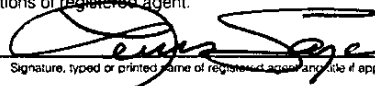



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90199 016 \*\*\*158.75

<b>DOCUMENT # P04000080736</b> 1. Entity Name <b>PEARCE DIRECT FUNDING CORPORATION</b>					
Principal Place of Business <b>20 BURNING TREE LN BOCA RATON, FL 33431 US</b>			Mailing Address <b>20 BURNING TREE LN BOCA RATON, FL 33431 US</b>		
2. Principal Place of Business <b>7601 North Federal Hwy Suite, Apt. #, etc. 265-A</b>		3. Mailing Address <b>7601 North Federal Hwy Suite, Apt. #, etc. 265-A</b>			
City & State <b>BOCA RATON, FL</b>		City & State <b>BOCA RATON, FL</b>		4. FEI Number <b>201225269</b>	
Zip <b>33487</b>		Country <b>FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SAYE, LEWIS 20 BURNING TREE LN BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent Name <b>SAYE, LEWIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>7601 North Federal Hwy Suite 265-A</b> City <b>BOCA RATON</b> FL Zip Code <b>33487</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:  <b>LEWIS SAYE</b> <span style="float: right;">DATE <b>APRIL 30, 2005</b></span> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SAYE, LEWIS 484 SW 1ST STREET BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SAYE, LEWIS 7601 North Federal Hwy Suite 265A BOCA RATON, FL 33487
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<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:  <b>LEWIS SAYE</b> <span style="float: right;">Date <b>Apr 30 2005</b> Stg 19818220</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					