

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000096569

FILED
Apr 27, 2005
Secretary of State

Entity Name: PRIME MORTGAGE FUNDING CORP.

Current Principal Place of Business:

3881 SW WYCOFF STREET
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

2617 SW CADET CIRCLE
PORT ST. LUCIE, FL 34953

Current Mailing Address:

3881 SW WYCOFF STREET
PORT ST. LUCIE, FL 34953

New Mailing Address:

3209 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34953

FEI Number: 20-1249832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROJANOWSKI, KIM
3881 SW WYCOFF STREET
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

TROJANOWSKI, KIM
2617 SW CADET CLICLE
PORT ST. LUCIE, FL 34953 US

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.

SIGNATURE: KIM TROJANOWSKI

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TROJANOWSKI, KIM
Address: 3881 SW WYCOFF STREET
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP () Delete
Name: TROJANOWSKI, KIM
Address: 3881 SW WYCOFF STREET
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: S () Delete
Name: TROJANOWSKI, KIM
Address: 3881 SW WYCOFF STREET
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: T () Delete
Name: TROJANOWSKI, KIM
Address: 3881 SW WYCOFF STREET
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TROJANOWSKI, KIM
Address: 2617 SW CADET CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP (X) Change () Addition
Name: TROJANOWSKI, KIM
Address: 2617 SW CADET CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: S (X) Change () Addition
Name: TROJANOWSKI, KIM
Address: 2617 SW CADET CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: T (X) Change () Addition
Name: TROJANOWSKI, KIM
Address: 2617 SW CADET CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM TROJANOWSKI

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date