

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000096569

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: PRIME MORTGAGE FUNDING CORP.

## Current Principal Place of Business:

2617 SW CADET CIRCLE  
PORT ST. LUCIE, FL 34953

## New Principal Place of Business:

2129 SW HAYWORTH AVENUE  
PORT ST. LUCIE, FL 34953

## Current Mailing Address:

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

## New Mailing Address:

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

## Name and Address of New Registered Agent:

ROPER, 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 ROPER

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: T (X) Change ( ) Addition  
Name: ROPER, 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 Chapter 119, 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 ROPER

P

04/26/2006

Electronic Signature of Signing Officer or Director

Date