
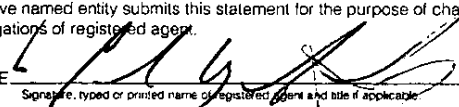
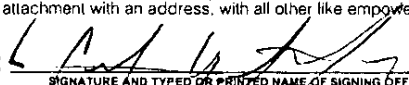


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90026 015 \*\*\*150.00

<b>DOCUMENT # P06000001243</b> 1. Entity Name <b>PREMIER ONE FUNDING CORP.</b>					
Principal Place of Business <b>5015 SOUTH FLORIDA AVENUE 400 LAKELAND, FL 33813</b>			Mailing Address <b>2941 OXFORD AVENUE LAKELAND, FL 33803</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>5015 SOUTH FLORIDA AVE.</b> Suite, Apt. #, etc. <b>400</b> City & State <b>LAKELAND, FLORIDA</b> Zip      Country <b>33813</b>			
4. FEI Number <b>20-4087802</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				02052007      Chg-P      CR2E034 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>  <b>UNZUETA, CARLOS F 2941 OXFORD AVENUE LAKELAND, FL 33803</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>CARLOS F. UNZUETA</b> Street Address (City, State, Zip, P.O. Box Number, etc.) <b>5015 SOUTH FLORIDA AVENUE</b> <b>SUITE 400</b> City      State      Zip <b>LAKELAND      FL      33813</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:  DATE: <b>6-27-07</b> <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 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>UNZUETA, CARLOS F</b> <b>2941 OXFORD AVENUE</b> <b>LAKELAND, FL 33803</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CARLOS F. UNZUETA</b> <b>5015 SOUTH FLORIDA AVE. SUITE 400</b> <b>LAKELAND, FL 33813</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>UNZUETA, CARLOS F</b> <b>2941 OXFORD AVENUE</b> <b>LAKELAND, FL 33803</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CARLOS F. UNZUETA</b> <b>5015 SOUTH FLORIDA AVE. SUITE 400</b> <b>LAKELAND, FL 33813</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <b>UNZUETA, CARLOS F</b> <b>2941 OXFORD AVENUE</b> <b>LAKELAND, FL 33803</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CARLOS F. UNZUETA</b> <b>5015 SOUTH FLORIDA AVE. SUITE 400</b> <b>LAKELAND, FL 33813</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRES</b> <b>UNZUETA, CARLOS F</b> <b>2941 OXFORD AVENUE</b> <b>LAKELAND, FL 33803</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRES</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CARLOS F. UNZUETA</b> <b>5015 SOUTH FLORIDA AVE. SUITE 400</b> <b>LAKELAND, FL 33813</b>		
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 exemptions contained 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 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: 			Date: <b>6-27-07</b> Daytime Phone #		