
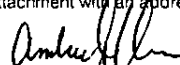


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90071 012 \*\*\*158.75

|  |  |   |  |   |                                |
|--|--|---|--|---|--------------------------------|
| <b>DOCUMENT # P07000063175</b><br>1. Entity Name<br><b>PINNACLE MORTGAGE FUNDING GROUP INC.</b>  |  |   |  |  |                                |
| Principal Place of Business<br><b>211 SOUTH HAMPTON COURT<br/>NICEVILLE, FL 32578</b>  |  |   | Mailing Address<br><b>211 SOUTH HAMPTON COURT<br/>NICEVILLE, FL 32578</b>  |   |                                |
| 2. Principal Place of Business - No P.O. Box #<br><b>141 South John Sims Pkwy</b>  |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br><b>B</b>   |  |   |                                |
| City & State<br><b>VALPARAISO, FLORIDA</b>   |  | City & State<br>City & State  |  |   |                                |
| Zip<br><b>32580</b>  |  | Country<br><b>USA</b>   |  | 4. FEI Number<br><b>26 026 9621</b>   |                                |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable                            |                                |
| 6. Name and Address of Current Registered Agent<br><br><b>COLEMAN, KEVIN R<br/>211 SOUTH HAMPTON COURT<br/>NICEVILLE, FL 32578</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip 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 accept the obligations of registered agent.  |  |   |  |   |                                |
| SIGNATURE _____<br><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<br/>After May 1, 2008 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |                                |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>COLEMAN, KEVIN R<br/>211 SOUTH HAMPTON COURT<br/>NICEVILLE, FL 32578</b> <input type="checkbox"/> Delete        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP<br/>COLEMAN, CALVIN<br/>211 SOUTH HAMPTON COURT<br/>NICEVILLE, FL 32578</b> <input type="checkbox"/> Delete        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>ST<br/>COLEMAN, CAROLYN F<br/>211 SOUTH HAMPTON COURT<br/>NICEVILLE, FL 32578</b> <input type="checkbox"/> Delete     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>ST<br/>COLEMAN, CARLA Y<br/>14427 AVALON RESERVE BV APT 303<br/>ORLANDO, FL 32828</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DIR<br/>COLEMAN, ANDREW J<br/>211 SOUTH HAMPTON COURT<br/>NICEVILLE, FL 32578</b> <input type="checkbox"/> Delete     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |   |  |   |                                |
| <b>SIGNATURE:</b>  <b>Andrew J. Coleman Director</b>  |  |   | <b>3/31/2008</b>   |   | <b>850 897-4642</b>            |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | <small>Date</small>  |   | <small>Daytime Phone #</small> |