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Secretary of State


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**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

24015557



02192004 Chg-P CR2E034 (10/03)

DOCUMENT # P98000033921			
1. Entity Name PINNACLE DIRECT FUNDING CORPORATION			
Principal Place of Business 3457 PARKWAY CENTER COURT ORLANDO, FL 32808		Mailing Address 1500 LEE ROAD STE. 200 ORLANDO, FL 32810	
2. Principal Place of Business 1500 LEE ROAD		3. Mailing Address	
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State	
Zip 32810	Country USA	Zip	Country
4. FEI Number 59-3504854		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GASDICK, MICHAEL J 37 N. ORANGE AVENUE, SUITE 210 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, DOUGLAS F 1500 LEE ROAD STE. 200 ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, DOUGLAS F. 2611 TECHNOLOGY DRIVE ORLANDO, FLORIDA 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VRATANINA, JEFFREY J 3457 PARKWAY CENTER COURT ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D VRATANINA, JEFFREY J. 1500 LEE ROAD, SUITE 200 ORLANDO, FLORIDA 32810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO BROGAN, SEAN 3457 PARKWAY CENTER COURT ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/COO SEAN BROGAN 1500 LEE ROAD, SUITE 200, ORLANDO, FL 32810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, BRENDA 1500 LEE ROAD STE 200 ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, BRENDA 2611 TECHNOLOGY DRIVE ORLANDO, FLORIDA 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VRARENINA, LISA M 3457 PKWY CENTER CT ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VRATANINA, LISA M. 1500 LEE ROAD, SUITE 200, ORLANDO, FL 32810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EMERSON-CAMPBELL, KATE 1500 LEE RD STE 200 ORLANDO, FL 32810 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHN MCMANUS 1500 LEE ROAD, SUITE 200, ORLANDO, FL 32810 <input type="checkbox"/> Change <input checked="" 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 another like empowered.			
SIGNATURE: <i>Jeffrey J. Vratana</i> JEFFREY J. VRATANINA		2/24/04 (407) 523-0000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	