

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 JUN 19 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000033921	
1. Entity Name PINNACLE DIRECT FUNDING CORPORATION	



Principal Place of Business 1500 LEE RD. STE. 200 ORLANDO, FL 32810	Mailing Address PO BOX 608066 ORLANDO, FL 32860 80
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



06092006 Chg-P CR2E034 (11/05)

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 F & L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202-5017		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 600076649766
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, DOUGLAS F 1030 N. ORANGE AVE ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2611 Technology Drive Orlando, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD VRATANINA, JEFFREY J 1030 N. ORANGE AVE ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2611 Technology Dr. Orlando, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO BROGAN, SEAN 1500 LEE RD., STE. 200 ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2611 Technology Dr. Orlando, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, BRENDA 1030 N. ORANGE AVE ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2611 Technology Dr. Orlando, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VRATANINA, LISA M 1030 N. ORANGE AVE. ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2611 Technology Dr. Orlando, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PONTES, ERIC 1030 N. ORANGE AVE. ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition sec/treasurer Emerson-Campbell, Kathryn 2611 Technology Dr. Orlando, FL 32804

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: Kathryn Emerson-Campbell 6/16/06 (407) 578-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #