


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90007 044 ***150.00

DOCUMENT # S09238	
1. Entity Name SECOND PIONEER CORPORATION	

Principal Place of Business 225 NORTHEAST MIZNER BOULEVARD SUITE 300 BOCA RATON, FL 33432 US	Mailing Address 225 NORTHEAST MIZNER BOULEVARD SUITE 300 BOCA RATON, FL 33432 US
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2. Principal Place of Business - No P.O. Box # 595 S. Federal Highway Suite, Apt. #, etc. SUITE 600 City & State Boca Raton, FL Zip 33432 Country USA	3. Mailing Address 595 S. Federal Highway Suite, Apt. #, etc. SUITE 600 City & State Boca Raton, FL Zip 33432 Country USA
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01282008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0231319	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 JEFFREY H BECK TRUSTEE FOR SE BANKING CORP 225 NORTHEAST MIZNER BOULEVARD SUITE 300 BOCA RATON, FL 33432	7. Name and Address of New Registered Agent Name 595 S. Federal Highway, SUITE 600 Street Address (P.O. Box Numbers Not Acceptable) City Boca Raton FL Zip Code 33432
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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	PSTD BECK, JEFFREY H 225 NE MIZNEE BLVD, SUITE 300 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	595 S Federal Highway SUITE 600 Boca Raton, FL 33432 <input checked="" 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
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
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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: **Jeffrey H Beck Pres.** **2/4/08** **561.544.2534**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #