
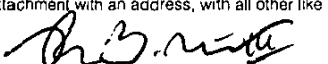


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90105 029 \*\*\*150.00

<b>DOCUMENT # G91122</b>					
1. Entity Name TOWN & COUNTRY TITLE GUARANTY OF HOLLYWOOD, INC.					
Principal Place of Business 6565 TAFT STREET, SUITE 101 HOLLYWOOD, FL 33024			Mailing Address 6565 TAFT STREET, SUITE 101 HOLLYWOOD, FL 33024		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02152006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number 59-2377561	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REEVES, B J 6565 TAFT ST #102 HOLLYWOOD, FL 33024			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 _____ DATE _____ <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</b> <b>After May 1, 2006 Fee will be \$550.00</b>		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	VSD <input type="checkbox"/> Delete	TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLS, RALPH B. III	NAME	MILLS, RALPH B. III		
STREET ADDRESS	APT 115, 9121 SUNRISE LAKES BLVD.	STREET ADDRESS	APT 406 333 LAS OLAS WAY		
CITY-ST-ZIP	SUNRISE, FL 33322	CITY-ST-ZIP	FT LAUDERDALE, FL 33301		
TITLE	VTD <input checked="" type="checkbox"/> Delete	TITLE			
NAME	MILLS, DANEEN S.	NAME			
STREET ADDRESS	APT 115, 9121 SUNRISE LAKES BLVD	STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL 33322	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE			
NAME	ENGEL, BARBARA	NAME			
STREET ADDRESS	2805 MORNING GLORY LANE	STREET ADDRESS			
CITY-ST-ZIP	DAVIE, FL 33328	CITY-ST-ZIP			
TITLE		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	LINDA HAMPSHIRE		
STREET ADDRESS		STREET ADDRESS	3021 N 73rd TERRACE		
CITY-ST-ZIP		CITY-ST-ZIP	HOLLYWOOD, FL 33024		
TITLE		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	NAOMI WINFIELD		
STREET ADDRESS		STREET ADDRESS	2210 NE 57th ST		
CITY-ST-ZIP		CITY-ST-ZIP	FT. LAUDEKDALE, FL 33308		
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		RALPH B. MILLS III		954-963-4740	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		J.P. 9 D		Date 2-22-06 Daytime Phone #	