


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # K42614
 1. Entity Name
BEACON TITLE SERVICES, INC.



Principal Place of Business Mailing Address
 6209 WEST COMMERCIAL BLVD., #1 6209 WEST COMMERCIAL BLVD., #1
 TAMARAC, FL 33319 TAMARAC, FL 33319

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 65-0082514 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 HOFFMAN, DESIREE D
 6209 W. COMMERCIAL BLVD, #1
 TAMARAC, FL 33319

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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 re-filing) DATE _____
Signature, typed or printed name of registered agent and this if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HOFFMAN, DESIREE D 6209 WEST COMMERCIAL BLVD., #1 TAMARAC, FL 33319
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 04/07/06-80014-011 150.00

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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: Desiree D. Hoffman 3/17/06 (954)721-4299
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR Date Office Phone #

DESIREE D. HOFFMAN