


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 13, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000063823 1. Entity Name FLAMINGO TITLE RESEARCH, INC.	
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Principal Place of Business 112 RIVER HEIGHTS DR COCOA, FL 32922 US	Mailing Address 112 RIVER HEIGHTS DR COCOA, FL 32922 US
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**DO NOT WRITE IN THIS SPACE**



07022007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0437027	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  SANDRA S SMITH 112 RIVER HEIGHTS DRIVE COCOA, FL 32922
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSDV SMITH, SANDRA S 112 RIVER HEIGHTS DR COCOA, FL 32922
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1100000768532  
 07/13/07-80001-013 150.00

**DO NOT WRITE IN THIS SPACE**

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: *Sandra S. Smith* Sandra S. Smith 7-1-2007 321-633-0036  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #