2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006
Secretary of State

DOCUMENT# 259960

Entity Name: COLUMBIA TITLE OF FLORIDA INC

Current Principal Place of Business:

666 GRAND AVE. #2900
DES MOINES, IA 50309

New Principal Place of Business:

666 GRAND AVE. #2900
DES MOINES, IA 503030657

Current Mailing Address:

BOX 657
DES MOINES, IA 503030657

New Mailing Address:

FEI Number: 59-1004119 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: YOUNT, DOUGLAS L
Address: 1826 PONCE DELEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: T ( ) Delete
Name: SHUFFIELD, RONALD A
Address: 1360 S DIXIE HWY
City-St-Zip: CORAL GABLES, FL 33146

Title: DIR ( ) Delete
Name: JOHNSON, GALEN
Address: 1360 S DIXIE HWY
City-St-Zip: CORAL GABLES, FL 33146

Title: AS ( ) Delete
Name: LEIGHTON, PAUL J
Address: 666 GRAND AVE. #2900
City-St-Zip: DES MOINES, IA 50309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: CAPUA, MARISA P
Address: 1360 S DIXIE HWY
City-St-Zip: CORAL GABLES, FL 33146

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change ( ) Addition
Name: JOHNSON, GALEN
Address: 333 SOUTH 7TH ST. #2700
City-St-Zip: MINNEAPOLIS, MN 55402

Title: AS (X) Change ( ) Addition
Name: LEIGHTON, PAUL J
Address: 666 GRAND AVE. #2900
City-St-Zip: DES MOINES, IA 503030657

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL J. LEIGHTON AS 03/28/2006

Electronic Signature of Signing Officer or Director — Date