
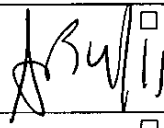
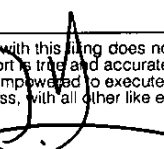
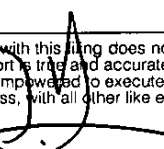
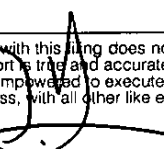
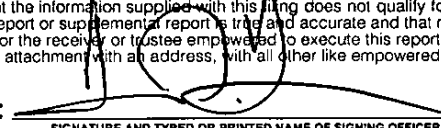


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000027070 1. Entity Name NAPLES TITLE, INC.						FILED 06 APR -7 AM 10: 27 CLERK OF THE CIRCUIT COURT 1000 STATE PALM BEACH, FLORIDA	
Principal Place of Business 4851 N TAMiami TRAIL 202 NAPLES, FL 34103 US				Mailing Address 4851 N TAMiami TRAIL 202 NAPLES, FL 34103 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent TOOLE, TIMOTHY D 4851 N TAMiami TRAIL 202 NAPLES, FL 34103				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>							
Amended AR is \$61.25				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 NAME STREET ADDRESS CITY-ST-ZIP	D MORTENSEN, ANDREW G <input checked="" type="checkbox"/> Delete 101 JOHNNYCAKE DR NAPLES, FL 34110			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Tammy L. Rindfleisch <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14903 Tybee Island Dr., Naples, Florida 34119		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOOLE, TIMOTHY D <input type="checkbox"/> Delete 1136 LAKESHORE PL NAPLES, FL 34103			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Patricia C. Mulligan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8137 Tauren Court Naples, Florida 34119		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEANGELIS, JOHN M <input type="checkbox"/> Delete 2316 HARRIER RUN NAPLES, FL 34105			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 500070477515 04/14/06--01074--011 **\$61.25 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAMOND, DAVID B <input type="checkbox"/> Delete 6132 WESTPORT LN NAPLES, FL 34116			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 500070477515 04/14/06--01074--011 **\$61.25 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">  </div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">  </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">  </div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">  </div>		
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: 				4/5/06 239-597-8670 <div style="display: flex; justify-content: space-between;"> Date Daytime Phone # </div>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							