2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 18, 2005 08:00 AM Secretary of State **DOCUMENT # 470793** 1. Entity Name AZTEC TITLE CORPORATION Mailing Address Principal Place of Business 2 SOUTH UNIVERSITY DRIVE, SUITE 231 2 SOUTH UNIVERSITY DRIVE, SUITE 231 PLANTATION, FL 33324 PLANTATION, FL 33324 CB2F034 (10/03) 01032005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent WADLEY, BILLY F. DO NOT WRITE 2 SOUTH UNIVERSITY DRIVE, SUITE 231 PLANTATION, FL 33324 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. (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE WADLEY, BILLY FRANKLIN NAME STREET ADDRESS 11941 NW 27TH COURT PLANTATION, FL 00000, CITY-ST-ZIP --- ==== L00000182515 01/19/05-80031-0na 150.nn TITLE NAME WADLEY, HELLA 11941 NW 27TH COURT STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 00000, VPD TITLE WADLEY, COCHISE NAME STREET ADDRESS 7135 NW 15 STREET DO NOT WRITE CITY-ST-ZIP PLANTATION, FL IN THIS SPACE TITLE WADLEY, MICHELE C 11941 N.W. 27 COURT STREET ADDRESS CTTY-ST-ZIP PLANTATION, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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

NAME STREET ADDRESS CITY-ST-ZIP

FILED