

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 689392

FILED
Jan 26, 2006
Secretary of State

Entity Name: THE CLOSING TABLE, INC.

Current Principal Place of Business:

2170 W STATE ROAD 434
302
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2170 W S.R. 434
302
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2423919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FURMAN, HOWARD MARK
2645 EXECUTIVE PARK DRIVE
SUITE 143
WESTON, FL 33331 US

Name and Address of New Registered Agent:

SMITH, KATHRYN L
2170 W S.R. 434
302
LONGWOOD, FL 32779 US

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: KATHRYN L SMITH

01/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: SMITH, KATHRYN L
Address: 2170 W STATE ROAD 434, SUITE 302
City-St-Zip: LONGWOOD, FL 32779 US

Title: VSTD () Delete
Name: FURMAN, SUSAN T
Address: 2645 EXECUTIVE PARK DRIVE, SUITE 143
City-St-Zip: WESTON, FL 33331 US

Title: CEO () Delete
Name: FURMAN, HOWARD M
Address: 2645 EXECUTIVE PARK DRIVE, SUITE 143
City-St-Zip: WESTON, FL 33331 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: KATHRYN L SMITH

PD

01/26/2006

Electronic Signature of Signing Officer or Director

Date