## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000003067

Entity Name: TRUE TITLE, INC

City-St-Zip:

NEW ORLEANS, LA 70114

FILED Jan 10, 2006 Secretary of State

Entity Nan	ne: IRUE II	IILE, INC	<b>∪</b> .			
Current Principal Place of Business:				New Principal P	New Principal Place of Business:	
1265 W. GF	RANADA BLY	VD.				
SUITE 1 ORMOND I	BEACH, FL:	32174	US			
Current Mailing Address:				New Mailing Ad	New Mailing Address:	
	_			ivew manning Au	u1035.	
1265 W. GI SUITE 1	RANADA BL\	VD.				
	BEACH, FL :	32174	US			
FEI Number:	72-1407076	FEI N	umber Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Addre	Name and Address of New Registered Agent:	
BLANCHARD, ERICA 3810 ISLAMORADA DR.				BLANCHARD, EF 19 LITTLE TOMO	KA WAY	
ORMOND	BEACH, FL :	32176	US	ORMOND BEACI	H, FL 32174 US	
The above in the State	named entity of Florida.	submits	this statement for the p	urpose of changing its regis	stered office or registered agent, or both,	
SIGNATURE: ERICA BLANCHARD					01/10/2006	
	Electro	nic Sign	ature of Registered Age	nt	Date	
Election Carr	npaign Financir	ng Trust F	und Contribution ( ).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	,	) Delete		Title:	() Change () Addition	
Name:	HAND, TIMOTI		E 204	Name:		
Address: City-St-Zip:	#1 SEINE COU NEW ORLEAN			Address: City-St-Zip:		
Title:	,	) Delete		Title:	() Change () Addition	
Name:	HAND, G. PAT			Name:		
Address: City-St-Zip:	#1 SEINE COU NEW ORLEAN			Address: City-St-Zip:		
Title:	S (	) Delete		Title:	() Change () Addition	
Name:	HAND, G. PAT		= 00.4	Name:		
Address:	#1 SEINE COL	URT, SUIT	E 304	Address:		

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.

City-St-Zip:

SIGNATURE: ERICA BLANCHARD MGR 01/10/2006