



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90305 019 ***150.00

DOCUMENT # F03000006236 1. Entity Name SOUTHSHORE TITLE AND ESCROW, INC.					
Principal Place of Business 7019 BACKLICK COURT SPRINGFIELD, VA 22151			Mailing Address 7019 BACKLICK COURT SPRINGFIELD, VA 22151		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		03282006 Chg-P CR2E034 (11/05)	
4. FEI Number 11-3663741				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATTHEWS, DELANEY J 1681 N.E. 39TH STREET POMPANO BEACH, FL 33064			7. Name and Address of New Registered Agent Name Anthony E Floyd Street Address (P.O. Box Numbers Not Acceptable) 713 N.E 26th Ave City Hallendale FL Zip Code 33309		
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 <u><i>Anthony E Floyd</i></u> DATE <u><i>3/28/06</i></u> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	CP MATTHEWS, PATRICE A 422 15TH ST. SE WASHINGTON, DC 20003	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <u><i>Patrice A. Matthews</i></u> <u><i>28 March 2006</i></u> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		