

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 JUN 15 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]



06062006 Chg-P CR2E034 (11/05)

DOCUMENT # G70022					
1. Entity Name UNITED TITLE AGENCIES I INC.					
Principal Place of Business 416 W LANTANA ROAD LANTANA, FL 33462			Mailing Address 416 W LANTANA ROAD LANTANA, FL 33462		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2478336	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCDOWELL, LINDA K 416 W LANTANA RD LANTANA, FL 33462			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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	D	<input type="checkbox"/> Delete	TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDOWELL, LINDA K		NAME	Linda K McDowell	
STREET ADDRESS	416 W LANTANA ROAD		STREET ADDRESS	416 W. Lantana Road	
CITY-ST-ZIP	LANTANA, FL		CITY-ST-ZIP	Lantana Fla 33462	
TITLE	P	<input type="checkbox"/> Delete	TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDOWELL, LINDA		NAME	SIA	
STREET ADDRESS	416 W LANTANA RD		STREET ADDRESS		
CITY-ST-ZIP	LANTANA, FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTON, PENNIE		NAME		
STREET ADDRESS	416 W LANTANA ROAD		STREET ADDRESS		
CITY-ST-ZIP	LANTANA, FL 33462		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDOWELL, RYAN F		NAME	Ryan F. McDowell	
STREET ADDRESS	416 W LANTANA ROAD		STREET ADDRESS	416 W Lantana Road	
CITY-ST-ZIP	LANTANA, FL 33462		CITY-ST-ZIP	Lantana Fla 33462	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>[Handwritten Signature]</i>		6-7-06		561-578-3112	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	