

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H06948

FILED
Mar 13, 2006
Secretary of State

Entity Name: COMMERCIAL TITLE SERVICES, INC.

Current Principal Place of Business:

1146 21ST ST.
STE 2
VERO BEACH, FL 32960 US

New Principal Place of Business:

800 20TH PLACE
SUITE 5
VERO BEACH, FL 32960 US

Current Mailing Address:

P.O. BOX 4090
VERO BEACH, FL 32964 US

New Mailing Address:

800 20TH PLACE
SUITE 1
VERO BEACH, FL 32960 US

FEI Number: 59-2413313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARPENITO, JOSEPH
1146 21ST ST.
STE 2
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

SWAN, PAMELA VTD
800 20TH PLACE
SUITE 1
VERO BEACH, FL 32960 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: PAMELA SWAN

03/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: CARPENITO, JOSEPH
Address: 1146 21ST ST.
City-St-Zip: VERO BEACH, FL 32960

Title: V () Delete
Name: CARPENITO, SUE J
Address: 1146 21ST ST.
City-St-Zip: VERO BEACH, FL 32960

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HAGEN, LINDA PD
Address: 800 20TH PLACE, SUITE 1
City-St-Zip: VERO BEACH, FL 32960 US

Title: VSD (X) Change () Addition
Name: FORTNER, DENISE VSD
Address: 800 20TH PLACE, SUITE 1
City-St-Zip: VERO BEACH, FL 32960 US

Title: VD () Change (X) Addition
Name: OWEN, LINDA VD
Address: 800 20TH PLACE, SUITE 5
City-St-Zip: VERO BEACH, FL 32960 US

Title: VTD () Change (X) Addition
Name: SWAN, PAMELA VTD
Address: 800 20TH PLACE, SUITE 1
City-St-Zip: VERO BEACH, FL 32960 US

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: PAMELA SWAN

VTD

03/13/2006

Electronic Signature of Signing Officer or Director

Date