2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H06948

Entity Name: COMMERCIAL TITLE SERVICES, INC.

FILED Mar 13, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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1146 21ST ST. 800 20TH PLACE

SUITE 5 STE 2

VERO BEACH, FL 32960 US VERO BEACH, FL 32960 US

Current Mailing Address: New Mailing Address:

P.O. BOX 4090 800 20TH PLACE

SUITE 1 VERO BEACH, FL 32964 US

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: Name and Address of New Registered Agent:

CARPENITO, JOSEPH SWAN, PAMELA VTD 800 20TH PLACE 1146 21ST ST.

STE 2 SUITE 1 VERO BEACH, FL 32960 US 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: (X) Change () Addition CARPENITO, JOSEPH HAGEN, LINDA PD Name: Name:

1146 21ST ST. 800 20TH PLACE, SUITE 1 Address: Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: VERO BEACH, FL 32960 US

Title: Title: VSD (X) Change () Addition () Delete CARPENITO, SUE J FORTNER, DENISE VSD Name: Name:

1146 21ST ST. 800 20TH PLACE, SUITE 1 Address: Address: VERO BEACH, FL 32960 VERO BEACH, FL 32960 US City-St-Zip: City-St-Zip:

Title: Title: () Delete VD () Change (X) Addition

OWEN, LINDA VD Name: Name: 800 20TH PLACE, SUITE 5 Address Address: City-St-Zip: City-St-Zip: VERO BEACH, FL 32960 US

Title: () Delete Title: VTD () Change (X) Addition

SWAN, PAMELA VTD Name: Name: Address: Address: 800 20TH PLACE, SUITE 1 City-St-Zip: 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