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May 26, 2006 8:00 am
Secretary of State
04-27-2006 90166 021 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J89150

1. Entity Name
PIONEER TITLE, INC.

66017348

Principal Place of Business	Mailing Address
29296 US HWY 19 N. STE 104 CLEARWATER, FL 33761 US	29296 US HWY 19 N. STE 104 CLEARWATER, FL 33761 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

04212006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2839686 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHAFER, WALTER L
2430 ESTANCIA BLVD
SUITE 108
CLEARWATER, FL 34621-2607

7. Name and Address of New Registered Agent

Name Jan Rios
Street Address (P.O. Box Number is Not Acceptable) 29296 U.S. Hwy 19N
#104
City Clearwater FL Zip Code 33761

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 [signature] JAN RIOS 1/1/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PSTD RIOS, JAN 29296 US HWY 19 N #104 CLEARWATER, FL 33761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 1/1/06 (727) 7875800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #