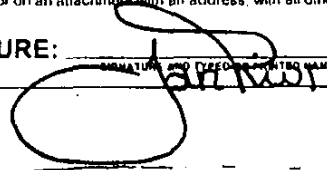


FILED
May 26, 2006 8:00 am
Secretary of State

04-27-2006 90166 021 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J89150			
1. Entity Name PIONEER TITLE, INC.			
Principal Place of Business 29296 US HWY 19 N. STE 104 CLEARWATER, FL 33761 US		Mailing Address 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 SCHAFFER, WALTER L 2436 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 19 N #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  JAN RIOS 1/1/06 Signature (Type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when completing) 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
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: 		1/1/06 (727) 787-5800 Date	