2005 FOR PROFIT CORPORATION ANNUAL REPORT

12. I hereby certify that the informindicated on this report of su of the corporation or the changed, or on an attack

SIGNATURE:

Jul 06, 2005 8:00 am Secretary of State 07-06-2005 90034 009 ***150.00 DOCUMENT # K92450 **EQUITRUST TITLE COMPANY ZUUblb4**% Principal Place of Business Mailing Address 1000 N. HIATUS RD. 1000 N. HIATUS RD. STE 140 PEMBROKE PINES, FL 33026 PEMBROKE PINES, FL. 33026 No Chg-P 07012005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0127947 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DITTHARDT, BRIAN J 1000 N. HIATUS RD. IN THIS SPACE PEMBROKE PINES, FL 33026 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulred when reinstating) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$550.00 \$5.00 May Be \Box Added to Fees Due by September 7, 2005 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE DITTHARDT, BRIAN J NAME 1000 N. HIATUS RD. #140 STREET ADDRESS PEMBROKE PINES, FL CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

tion supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information itement of the same legal effect as if made under oath; that I am an officer or director are of 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 with anladdress, with all other like empowered.

PRO OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-05

FILED

2005 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT DOCUMENT # K92450 1. Entity Name EQUITRUST TITLE COMPANY Principal Place of Business Mailing Address 2006/642 1000 N. HIATUS RD. 1000 N. HIATUS RD. **STE 140** PEMBROKE PINES, FL 33026 PEMBROKE PINES, FL 33026 07012005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0127947 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DITTHARDT, BRIAN J DO NOT WRITE 1000 N. HIATUS RD. #140 IN THIS SPACE PEMBROKE PINES, FL 33026 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS 10. TITLE DITTHARDT, BRIAN J NAME STREET ADDRESS 1000 N. HIATUS RD. #140 CITY-ST-ZIP PEMBROKE PINES, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 ampowered 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 impowered.

SIGNATURE:

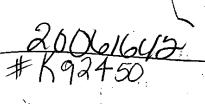
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

4-15-05

97-433 7285

Daytime Phone 6



DIVIS

FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

First-Class Mail
U.S. Postage
PAID
State of Florida
84321

NOTICE OF INTENT TO DISSOLVE

DOSSES OF AV 0.175 "AUTO TI 1 1203 35028-300440

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EQUITRUST TITLE COMPANY

1000 N. HIATUS RD.

#140

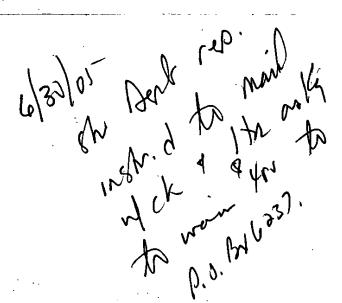
PEMBROKE PINES FL 33026-3094

OPTION 3 - Receive a form by mail - Allow up to 28 days total processing time.

- Detach this postcard. Enter address to mail
- Enter address to mail report to, if different from preprinted address
- Affix postage on reverse side and mail.

Document #

EQUITRUST TITLE COMPANY
1000 N. HIATUS RD.
#140
PEMBROKE PINES FL 33028-3094







June 30, 2005

Division of Corporations Uniform Business Report Filings P.O. Box 6237 Tallahasse, Florida 32314

ATTN: Annual Report Section

To Whom It May Concern:

Enclosed find a completed and signed annual report for the above-referenced corporation for the year 2005/06, together with this firm's check in the amount of \$150.00 made payable to the Florida Department of State. My file indicated that on April 15, 2005, this firm submitted its 2005 Annual Report (copy attached) with check no. 5755. We have conducted an on-line search with our bank and determined that said check has not yet been presented for payment. Accordingly, we will stop payment on said check and ask that if you locate same at a later date, please return said check to this office. I am requesting the Department to waive the \$400.00 late fee.

You prompt attention to this matter will be appreciated.

Very truly yours,

BRIAN J. DITTHARDT

BJD:ph Encl