2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L02687

FILED Apr 29, 2005 Secretary of State

Entity Name: TITLESEARCH ASSOCIATES INC.

Current Principal Place of Business:			New Principal Place of Business:	
24508 CR 5 P O BOX 47 ASTATULA		US		
Current Mailing Address:		New Mailing Address:		
P O BOX 47 ASTATULA	75 , FL 34705	US		
FEI Number:	59-2970231	FEI Number Applied For ()	FEI Number Not Applica	able () Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:	Name and A	ddress of New Registered Agent:
FRENCH, C 24508 COU ASTATULA	GAIL K PRES INTRY RD 56	51		
The above i	named entity	US submits this statement for the p	urpose of changing its	registered office or registered agent, or both,
The above in the State	named entity of Florida.		urpose of changing its	registered office or registered agent, or both,
The above in the State	named entity of Florida. E:			registered office or registered agent, or both, Date
The above in the State	named entity of Florida. E: Electror	submits this statement for the p		
The above in the State SIGNATUR	named entity of Florida. E: Electror	submits this statement for the p nic Signature of Registered Age g Trust Fund Contribution ().	ent	
The above in the State SIGNATUR	named entity of Florida. E: Electror paign Financin AND DIREC D (FRENCH, GAIL	submits this statement for the price Signature of Registered Age g Trust Fund Contribution (). TORS: Delete K , 24508 CR 561	ent	Date
The above in the State SIGNATUR Election Cam OFFICERS Title: Name:	named entity of Florida. E: Electron paign Financin AND DIRECT OF CONTROL (FRENCH, GAIL P. O. BOX 475 ASTATULA, FL	submits this statement for the price Signature of Registered Age grust Fund Contribution (). TORS: Delete K , 24508 CR 561 34705 Delete ER L D SUITE 218	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address: 2	Date /CHANGES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GAIL K FRENCH PRES 04/29/2005