

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L20019

FILED
Apr 29, 2005
Secretary of State

Entity Name: PRINCIPLE TITLE INSURANCE AGENCY, INC.

Current Principal Place of Business:

1401 E. BROWARD BLVD
STE 101
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

1401 E. BROWARD BLVD
STE 101
FT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-0165381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPERLENGO, FRANK
1401 E. BROWARD BLVD
STE 101
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

CAMPERLENGO, CLAUDINE
1401 E. BROWARD BLVD
STE 101
FT LAUDERDALE, FL 33301 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: FRANK CAMPERLENGO

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAMPERLENGO, FRANK,
Address: 1401 E. BROWARD BLVD -STE 101
City-St-Zip: FT LAUDERDALE, FL 33301

Title: P () Delete
Name: CAMPERLENGO, FRANK,
Address: 1401 E. BROWARD BLVD -STE 101
City-St-Zip: FT LAUDERDALE, FL 33301

Title: ST () Delete
Name: CAMPERLENGO, CLAUDINE
Address: 1401 E. BROWARD BLVD. STE. 101
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CLAUDINE CAMPERLENGO

ST

04/29/2005

Electronic Signature of Signing Officer or Director

Date