2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 04, 2005 08:00 AM Secretary of State DOCUMENT # L67636 1. Entity Name TITLE CONSULTANTS INC. Principal Place of Business Mailing Address C/O BARBARA HERSH 4333 CARAMBOLA CIRCLE SOUTH COCONUT CR FL 33066 C/O BARBARA HERSH 4333 CARAMBOLA CIRCLE SOUTH COCONUT CR FL 33066 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number City & State Applied For 65-0191075 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERSH, BARBARA Street Address (P.O. Box Number is Not Acceptable) 4333 CARAMBOLA CIRCLE SOUTH COCONUT CREEK FL 33066 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signalure required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete HILE Change Addition NAME HERSH, BARBĀRA U00000251536 STREET ADDRESS 4333 CARAMBOLA CIRCLE S. STREET ADDRESS COCONUT CREEK FL 03/04/05-80052-024 150.00 CITY-ST-ZIP CITY-ST-7IP THILE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete UDE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP titie Delete ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 🔲 Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(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 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.

FILED