2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005529

FILED Mar 01, 2005 Secretary of State

Entity Name: TTCS-USA TITLE HOLDING CORPORATION

Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
	MASVILLE RD SSEE, FL 32308			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	MASVILLE RD SSEE, FL 32308			
FEI Number	:: 59-3615022 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agent:	Name and Address of	New Registered Agent:	
	N, SEAN MASVILLE RD SSEE, FL 32308 US			
	e named entity submits this statement for the e of Florida.	e purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered A	gent	Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS	
			() Ob () 0 dditi	
Name: Address:	D () Delete LAUGHLIN, KAREN 814 DEVON DR. TALLAHASSEE, FL	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address:	LAUGHLIN, KAREN 814 DEVON DR.	Name: Address: City-St-Zip:	() Change () Addition	
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Title: Name: Address: City-St-Zip: City-St-Zip: City-St-Zip:	LAUGHLIN, KAREN 814 DEVON DR. TALLAHASSEE, FL S () Delete WELSHOFER, GRETCHEN 3524 GRAYSTONE DR #134 AUSTIN, TX 78731 US P () Delete EDWARDS, JANE 1309 ELLIS HOLLOW ROAD	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	()Change ()Addition	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	LAUGHLIN, KAREN 814 DEVON DR. TALLAHASSEE, FL S () Delete WELSHOFER, GRETCHEN 3524 GRAYSTONE DR #134 AUSTIN, TX 78731 US P () Delete EDWARDS, JANE 1309 ELLIS HOLLOW ROAD ITHACA, NY 14850 US T () Delete BELL, VIRGINIA 1202 SANDHURST DR.	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition () Change () Addition	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE EDWARDS P 03/01/2005