2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000015528

Entity Name: FLORIDA TOTAL TITLE SERVICES, INC.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4254 SHADES CREST LANE SANFORD, FL 32773

Current Mailing Address: New Mailing Address:

4254 SHADES CREST LANE SANFORD, FL 32773

FEI Number: 59-3628286 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAPKO, ROBERT J ESQ.

145 EAST WILBUR AVENUE
LAKE MARY, FL 32746 US

JACOBS, JEAN C
4254 SHADES CREST LANE
SANFORD, FL 32773 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: JEAN JACOBS 04/28/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPV () Delete Title: DP (X) Change () Addition Name: JACOBS, WILLIAM A Name: JACOBS, WILLIAM A Address: 4254 SHADES CREST LANE 4254 SHADES CREST LANE

Address: 4254 SHADES CREST LANE Address: 4254 SHADES CREST LAN City-St-Zip: SANFORD, FL 32773 City-St-Zip: SANFORD, FL 32773

Title: DST () Delete Title: () Change () Addition

 Name:
 JACOBS, JEAN
 Name:

 Address:
 4254 SHADES CREST LANE
 Address:

 City-St-Zip:
 SANFORD, FL 32773
 City-St-Zip:

Title: () Delete Title: DV () Change (X) Addition

 Name:
 Name:
 MORAR, JENNIFER L

 Address:
 Address:
 277 BELGIAN WAY

 City-St-Zip:
 City-St-Zip:
 SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JEAN JACOBS DST 04/28/2006