

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/1

**FILED**  
**Aug 22, 2006 8:00 am**  
**Secretary of State**

08-08-2006 90003 036 \*\*\*\*50.00  
08-22-2006 90028 016 \*\*\*100.00

|                                                           |                                                                                   |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT#</b> P00000040135                             |  |
| <b>1. Entity Name</b><br>TRI-COUNTY FLORIDA TITLE COMPANY |                                                                                   |

|                                                                                        |                                                                            |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>3900 HOLLYWOOD BLVD<br>103<br>HOLLYWOOD FL 33021 | <b>Mailing Address</b><br>3900 HOLLYWOOD BLVD<br>103<br>HOLLYWOOD FL 33021 |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

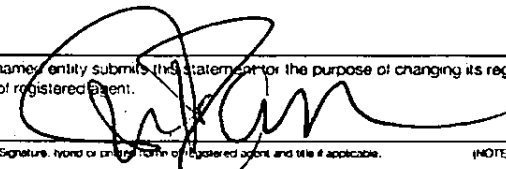
|                                       |         |                           |         |
|---------------------------------------|---------|---------------------------|---------|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                   |         | Suite, Apt. #, etc.       |         |
| City & State                          |         | City & State              |         |
| Zip                                   | Country | Zip                       | Country |

2nd MOORE CR2E034 (4/06)

|                                 |                                                |
|---------------------------------|------------------------------------------------|
| <b>4. FEI Number</b> 65-1000804 | <input type="checkbox"/> <b>Applied For</b>    |
|                                 | <input type="checkbox"/> <b>Not Applicable</b> |

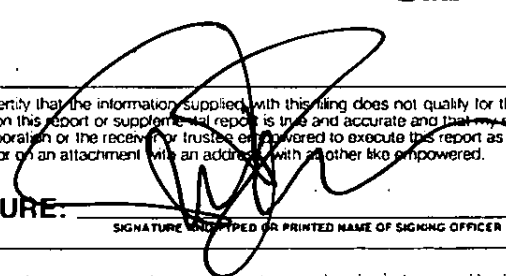
|                                                                  |                                       |
|------------------------------------------------------------------|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|------------------------------------------------------------------|---------------------------------------|

|                                                                       |  |                                                          |  |
|-----------------------------------------------------------------------|--|----------------------------------------------------------|--|
| <b>6. Name and Address of Current Registered Agent</b>                |  | <b>7. Name and Address of New Registered Agent</b>       |  |
| RINCON, ANGELA C<br>3900 HOLLYWOOD BLVD.<br>103<br>HOLLYWOOD FL 33021 |  | Name _____                                               |  |
|                                                                       |  | Street Address (P.O. Box Number is Not Acceptable) _____ |  |
|                                                                       |  | City _____                                               |  |
|                                                                       |  | State <b>FL</b> Zip Code _____                           |  |

|                                                                                                                                                                                                                                      |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>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.</b> |                    |
| <b>SIGNATURE</b>                                                                                                                                   | <b>DATE</b> 8/2/06 |

|                                                                                                                                   |                                                                                                                                                                                                            |                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>DUE BY September 6, 2006</b><br><b>Make Check Payable to Florida Department of State</b> | S.607, 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                                |                                                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11     |                                                                   |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>P</b><br>RINCON, ANGELA C<br>3900 HOLLYWOOD BLVD., #103<br>HOLLYWOOD FL 33021 <input type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.</b> |                    |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>DATE</b> 8/2/06 |