## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## May 02, 2006 8:00 am Secretary of State DOCUMENT # P00000053171 05-02-2006 90195 033 \*\*\*158.75 ALLIÁNCE TITLE SERVICES, INC. Principal Place of Business Mailing Address 2699 LEE ROAD 2699-LEE-ROAD-STE- 120 STE: 120 WINTER PARK, FL 32789 WINTER PARK, FL -32789 2. Principal Place of Business 1000 LE910N Suite, Apt. #, etc 04212006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For ANDO 59-3663146 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLER, SOUTH, MILHAUSEN & CARR, PA 2699 LEE RD., STE 120 WINTER PARK, FL 32789 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 signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. **PVST** TITLE ☐ Change ☐ Addition TITLE Delete SOUTH, J. TODD NAME NAME STREET ADDRESS 8 PINE STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WINDERMERE, FL 34786 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 attachn vith an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

4/27/06

407-539-1638

Daytime Phone #