## 2006, FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2006 08:00 AN Secretary of State

DOCUMENT # P00000082140  1. Entity Name FIRST PLUS TITLE, INC.					Secretary of State	
Principal Place of Business Mailing Address 6261 N.W. 6TH WAY 6261 N.W. 6TH WAY SUITE 201 SUITE 201 FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309						
DO NOT WRITE IN THIS SPAC				04122006 No Chg-P CR2E034 (11/05)  4. FEI Number		
6261 N.W. SUITE 202		ered Agent	DO NOT WRITE IN THIS SPACE			
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. Need or praided name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			· — T	5.00 May Be ided to Fees	000000508563 04/28/06-80009-013 150.00	
10. TITLE NAME STREET ADDRESS CITY-ST-2IP	OFFICERS AND DIRECT D GAINES, HOWARD S 6261 N.W. 6TH WAY SUITE 202 FT. LAUDERDALE, FL 33309	CTORS	-			
TITLE NAME STREET ADDRESS CILY: ST-ZIP					-	
TITLE NAME STREET ADDRESS CITY ST-ZIP					NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP		•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby indicated of the co-	certify that the information supplied with this on this report or supplemental report is true reporation or the receiver or trustee empowere , or on an attachment with an address, with a	illing does not qualify for the ex and accurate and that my signs d to execute this report as requ Il other like empowered.	remptions contain ature shall have the aired by Chapter 6	ned in Chapter 11 ne same legal effe 507, Florida Statul	<ol> <li>Florida Statutes. I further certify that the information act as if made under oath; that I am an officer or director tes; and that my name appears in Block 10 or Block 11 if</li> </ol>	

4/12/06

974 491 - 193 L Daylime Phone #

HWALL COLLEGE STRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR