2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2007 8:00 am Secretary of State

DOCUMENT # P00000082140 1. Entity Name FIRST PLUS TITLE, INC.					04-11-2007 90029 035 ***150.00				
Principal Place	of Business	Mailing Address	·····		1	400200	UU		
6261 N.W. 6TH WAY 6261 N.W. 6TH WAY						•			
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2. Principal Place of Business - No P.O. Box # 1701 W Hills boro Blud		3. Mailing Address Hilsboro Blud		Blud		<u> </u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 400			01082007	Chg-P	CR2E0	34 (12/06)	
City & State	11 0 1	City & State	Beach	FL	4. FEI Numb				plied For t Applicable
<u>Ueerti</u> Zip	CIC DEUCITY	Ucer Tield Zip	Country	, -				\$8.75 Addi	
33442	. usa	33442	USA		5. Certificat	e of Status Desired		Fee Required	
	6. Name and Address of Current F	legistered Agent	Nan		7. Name an	d Address of New F	Registered /	Agent	
GSINES, HOWARD S 6261 N.W. 6TH WAY				ne					
				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 202 FT. LAUDE	: ERDALE, FL 33309		17	1701 W Hillsboro Blud #400					
			City	Dear	F: 12	0 /	FL	Zip Code	1/2
8. The above	named entity submits this statement for	the purpose of changing it	s registered offic	ce or registe	red agent, or b	DCaCh oth, in the State of Fl	orida. I am	ا عند المالية (Iamiliar with,	and accept
	ions of registered agent.	1.6.6	,				ul.	,	ļ
 SIGNATURE_	<i>+</i>	twavel & (re	1,21				4/6	/07	
Sidivarone	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered Agent	signature require	d when reinstating)		DATE		
,	Signature, hyped or printed name of registered agent a						DATE		
FIL	Signature, hyped or printed name of registered agent a E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Camp.	aign Financing	\$5	5.00 May Be ded to Fees		DATE		
FIL	E NOW!!! FEE IS \$150.00	9. Election Camp. Trust Fund Cor	aign Financing	\$5	5.00 May Be ded to Fees	S/CHANGES TO OF	DATE	DIRECTORS	S IN 11
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Camp. Trust Fund Cor	aign Financing	\$5	5.00 May Be ded to Fees	5/CHANGES TO OF	DATE	DIRECTORS	S IN 11
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/07 954-491-193