2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P01000026935

Entity Name: UBUY TITLE INSURANCE.COM, INC.

Current Principal Place of Business:

2855 UNIVERSITY DRIVE, SUITE 520
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

2855 UNIVERSITY DRIVE, SUITE 520
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 65-1087293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, JENNIFER
1744 COLONIAL DRIVE
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

MARTIN, JENNIFER
25 CASTLE HARBOR DRIVE
FORT LAUDERDALE, FL 33308 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: JENNIFER MARTIN 04/30/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MADEJ, ALISON
Address: 2855 UNIVERSITY DRIVE, SUITE 200
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S ( ) Delete
Name: MADEJ, ALISON
Address: 2855 UNIVERSITY DRIVE, SUITE 200
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T ( ) Delete
Name: MADEJ, ALISON
Address: 2855 UNIVERSITY DRIVE, SUITE 200
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALISON MADEJ PST 04/30/2005
Electronic Signature of Signing Officer or Director Date