


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90083 020 ***150.00

DOCUMENT # P02000026776	
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1. Entity Name
COUNTRYWIDE TITLE COMPANY

Principal Place of Business
**420 W BRANDON BOULEVARD
SUITE 202
BRANDON, FL 33511**

Mailing Address
**420 W BRANDON BOULEVARD
SUITE 202
BRANDON, FL 33511**

2. Principal Place of Business <i>1626 Hwy 60 East</i>	3. Mailing Address <i>1626 Hwy 60 East</i>
Suite, Apt. #, etc. <i>Suite A</i>	Suite, Apt. #, etc. <i>Suite A</i>
City & State <i>Valrico, FL</i>	City & State <i>Valrico, FL</i>
Zip <i>33594</i>	Country <i>Hillbrough</i>



02012006 Chg-P CR2E034 (11/05)

4. FEI Number 02-0565010	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**MCANNALLY, WILLIAM H IV
420 W BRANDON BOULEVARD
SUITE 202
BRANDON, FL 33511**

7. Name and Address of New Registered Agent
Name *Livia Long*
Street Address (P.O. Box Number is Not Acceptable)
2523 W DIANA ST.
City *TAMPA* FL Zip Code *33614*

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 *Livia Long* *Livia Long* DATE *2-2-06*
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUPPETT, LARRY E 420 W BRANDON BOULEVARD, SUITE 201 BRANDON, FL 33511 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCANNALLY, WILLIAM H IV 420 W BRANDON BOULEVARD, SUITE 202 BRANDON, FL 33511 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LONG, LIVIA 2523 W. DIANA STREET TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Livia Long* X *2-2-06*