2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2006 08:00 AM Secretary of State

DOCUMENT # P0200005362	4
1. Entity Name	

1. Entity Name
PALM BEACH GARDENS TITLE, INC.

Principal Place of Business

Malling Address

11211 PROSPERITY FARMS ROAD SUITE C-301
PALM BCH GARDENS, FL 33410

11211 PROSPERITY FARMS ROAD SUITE C-301 PALM BCH GARDENS, FL 33410



CR2E034 (11/05)

Fee Required

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

וט	-0704629	 *0 *		Not Applicable
		•	├	No. Applicab
A FFT	Number			Applied For
		 	1 3	Anabad Cas

5. Certificate of Status Desired

FIELDS, PRESTON J SR 11211 PROSPERITY FARMS ROAD SUITE C-301 PALM BCH GARDENS, FL 33410

SIGNATURE: _

DO NOT WRITE IN THIS SPACE

No Chg-P

01092006

	named entity submits this statement for the pons of registered agent.	urpose of changing its registered off	ice or re	agistered a ge nt, or bo	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title r	applicable. (NOTE: Registered Agen	signature	required when reinstaling)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
title Name Street Address City-St-Zip	PVST FIELDS, PRESTON J SR 11211 PROSPERITY FARMS ROAD, PALM BCH GARDENS, FL 33410	SUITE C-301			18830003447487
title name street address city-st-zip	D FIELDS, PRESTON J SR 11211 PROSPERITY FARMS ROAD, PALM BCH GARDENS, FL 33410	SUITE C-301			ин/ин/иБ-80058-013 150.00
Title Name Street adoress City-St-Zip	-			DO	NOT WRITE
Tivle NAME Street Address City-SI-Zip				IN '	THIS SPACE
title name sireli address city -st-zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the corchanged,	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowerer or on an attachment with an address, with a	ling does not qualify for the exempt and accurate and that my signature of the this report as required by other like empowered.	ons con thall have by Chap	ntained in Chapter 11 ve the same legal effe ter 607, Florida Statut	9, Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if