


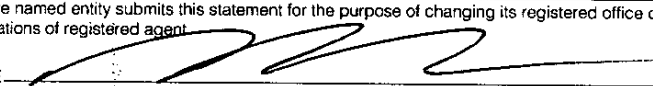
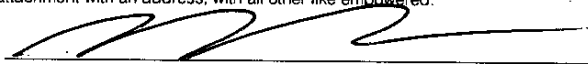
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90373 042 ***150.00

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DOCUMENT # P02000069651			
1. Entity Name USA TITLE CO.			
Principal Place of Business 871 W. OAKLAND PARK BLVD. 300 OAKLAND PARK, FL 33311		Mailing Address 871 W. OAKLAND PARK BLVD. 300 OAKLAND PARK, FL 33311	
2. Principal Place of Business 500 W Cypress Creek Rd Suite, Apt. #, etc. 370 City & State Ft. Lauderdale, Fl Zip 33309 Country USA		3. Mailing Address 500 W Cypress Creek Rd Suite, Apt. #, etc. 370 City & State Ft. Lauderdale, Fl Zip 33309 Country USA	
4. FEI Number 03-0462530		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CICHOWSKI, JOSEPH ESQ. 871 W. OAKLAND PARK BLVD. SUITE 300 FORT LAUDERDALE, FL 33311		7. Name and Address of New Registered Agent Name Cichowski, Joseph ESQ Street Address (P.O. Box Number is Not Acceptable) 500 West Cypress Creek Rd. #370 City Ft. Lauderdale FL Zip Code 33309	
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 		DATE 4/13/06	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CICHOWSKI, JOSEPH 871 W. OAKLAND PK. BLVD. #300 FORT LAUDERDALE, FL 33311 <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	P Cichowski, Joseph 500 W Cypress Creek Rd. #370 Ft. Lauderdale, Fl 33309 <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	VP Esturilho, Perlla 500 W Cypress Creek Rd. #370 Ft. Lauderdale, Fl 33309 <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: 		DATE 4/13/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	