

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000100700

Entity Name: U.S. TRUST TITLE, INC.

FILED
Jun 09, 2006
Secretary of State

Current Principal Place of Business:

6555 POWERLINE ROAD SUITE 204
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6555 POWERLINE ROAD SUITE 204
FT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 14-1860025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID ALAN WOLIS, P.A.
6555 POWERLINE ROAD SUITE 610
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

DAVID ALAN WOLIS, P.A.
6555 POWERLINE ROAD SUITE 610
FORT LAUDERDALE, FL 33309 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: DAVID A. WOLIS

06/09/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOLIS, DAVID A
Address: 6555 POWERLINE RD STE 204
City-St-Zip: FT LAUDERDALE, FL 33309 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: DAVID A. WOLIS

P

06/09/2006

Electronic Signature of Signing Officer or Director

Date