2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000107118 1. Entity Name TITLEBIZ INC. BANK TITLE SERVICES, INC			FILED 05 MAR 29 PM 3: 25	
Principal Place of Business 28051 US HWY 19 NORTH #F CLEARWATER, FL 33761 US	D51 US HWY 19 NORTH 28051 US HWY 19 NORTH #F		SEC	CRETARY OF STATE LAHASSEE, FLORIDA
2. Principal Place of Business 301 E TIMPON AVE Suite, Apt. #, etc.	ETARPON AVE 301 ETAR or. #, etc. Suite, Apr. #, etc.		03212005 Chg-P	CR2E034 (10/03)
City & State	te City & State		4. FEI Number 86-1057997	Applied For Not Applicable
Zip Country	Zip 41.09	Country USA	Certificate of Status Desired	\$9.75 Additional
- 6. Name and Address of Currer	t Registered Agent		7. Name and Address of Nev	
KIRK, DENISE 2126 PALMER ST. ORLANDO, FL 32803 Name DENISE BIRK Street Address (P.O. Box Number is Not Acceptable) SUITE 8 City TARJUN SPRINGS FL Zip Code 39				
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees				
10. OFFICERS AN	CORRECTORS CORRECTIONS Delete	TITLE	ADDITIONS/CHANGES TO CO PENISE KIRIC SOI E TARPON A TARPON STRING	FICERS AND DIRECTORS IN 11 Change Addition SET 34689 Change Addition
NAME VAN DUSEN, CAROLE STREET ADDRESS 21207 CALLE ROSA DR CITY-ST-ZIP LAND O LAKES, FL 34639	والمراجعة فعارات الشاءاء	NAME STREET ADDRESS CITY-ST-ZIP		
ITITLE VP NAME KIRK, MICHAEL STREET ADDRESS 50 OR CHARD COURT CITY-ST-ZIP PALM HARBOR, FL 34683	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	70005 0 , 04/07/05010	Change
INTLE S/T NAME REED, JAMES STREET ADDRESS CITY-ST-ZIP MOUNT PLEASANT, SC 2946	0.4441	NAME STREET ADDRESS CITY-ST-ZIP	TAMES REED 475 WINTON T PLEASANT S	RD Addition
ITITE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delcte	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Chánge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: SIGNATURE AND TWEE OR PRIMED NAME OF SIGNANG OFFICE ADDITIONAL Date Date DayLimo Phone •				