

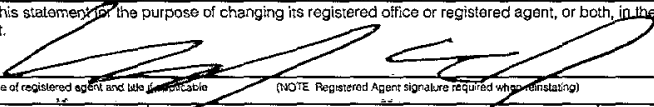



May 04
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**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000116237			
1. Entity Name GLOBAL TITLE GROUP, INC.			
Principal Place of Business 2828 CORAL WAY STE 450 MIAMI, FL 33145	Mailing Address 2828 CORAL WAY STE 450 MIAMI, FL 33145		
DO NOT WRITE IN THIS SPACE			
		05022005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 43-1984090	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
MIRABAL, MIGUEL F 433 SANSOUND AVE CORAL GABLES, FL 33146		DO NOT WRITE IN THIS SPACE	
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  4/18/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MIRABAL, MIGUEL F 433 SANSOUND AVE CORAL GABLES, FL 33146	 05/05/05-80105-004 150.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP COSTA, VIRGINIA 848 BRICKELL AVE #809 MIAMI, FL 33131		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1707(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:  4/18/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #			