



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90161 027 ***150.00

DOCUMENT # P03000009163					
1. Entity Name TITLE KING ENTERPRISES, INC.					
Principal Place of Business 1601 NORTH PALM AVENUE SUITE 109 PEMBROKE PINES, FL 33026			Mailing Address 1601 NORTH PALM AVENUE SUITE 109 PEMBROKE PINES, FL 33026		
2. Principal Place of Business 9700 Stirling Rd. #110 Suite, Apt. #, etc. 110		3. Mailing Address 9700 Stirling Rd. #110 Suite, Apt. #, etc. 110			
City & State Cooper City FL		City & State Cooper City FL		4. FEI Number 13-4236971	
Zip 33024		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSENBERG, JEFFREY S ESQ 2873 EXECUTIVE PARK DR SUITE 100 FORT LAUDERDALE, FL 33331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____					
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 D <input type="checkbox"/> Delete NAME ROSENBERG, JEFFREY S STREET ADDRESS 1601 NORTH PALM AVENUE SUITE 109 CITY-ST-ZIP PEMBROKE PINES, FL 33026			TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME ROSENBERG, JEFFREY S STREET ADDRESS 9700 STIRLING ROAD #110 CITY-ST-ZIP COOPER CITY, FL 33024		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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 _____ Daytime Phone # _____					