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**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000019524 1. Entity Name B-W TITLE, CO.			
Principal Place of Business #302, 701 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309		Mailing Address P.O. BOX 2177 FORT LAUDERDALE, FL 33303	
			
DO NOT WRITE IN THIS SPACE			
06302006 No Chg-P CR2E034 (11/05)		4. FEI Number 59-3767608	
		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 BECKERMAN, ROSS P 76 SILE OF VENICE DR. FORT LAUDERDALE, FL 33301		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: <u>Ross P. Beckerman</u> <u>Ross P. Beckerman</u> <u>6/30/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKERMAN, ROSS #302, 701 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINGARD, HEATHER #302, 701 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309		
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TITLE 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: <u>Ross P. Beckerman</u> <u>Ross P. Beckerman</u> <u>6/30/06</u> <u>5-61-886-5576</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			