

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90349 040 \*\*\*150.00

**DOCUMENT # P03000042248**

1. Entity Name

UNLIMITED TITLE CORPORATION



Principal Place of Business

4047 OKEECHOBEE BLVD.  
SUITE 125  
WEST PALM BEACH, FL 33409

Mailing Address

4047 OKEECHOBEE BLVD.  
SUITE 125  
WEST PALM BEACH, FL 33409

2. Principal Place of Business

2001 PALM BEACH LAKES BLVD

3. Mailing Address

2001 PALM BEACH LAKES BLVD

Suite, Apt. #, etc.

#208

Suite, Apt. #, etc.

#208

04282006

Chg-P

CR2E034 (11/05)

City & State

WEST PALM BEACH

City & State

WEST PALM BEACH

4. FEI Number

56-2344396

Applied For

Not Applicable

Zip

33409

Country

USA

Zip

33409

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WUENSCH, RONNA J  
92 PLUMAGE LANE  
WEST PALM BEACH, FL 33415

7. Name and Address of New Registered Agent

Name **RONNA J. WUENSCH**

Street Address (P.O. Box Number is Not Acceptable)

**307 SANDTREE DR**

City

**PALM BEACH GARDENS**

FL

Zip Code

**33403**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **WUENSCH, RONNA J**  
STREET ADDRESS **92 PLUMAGE LANE**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **RONNA J. WUENSCH**  
STREET ADDRESS **307 SANDTREE DR**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33403**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/06

561-682-1378