


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Sep 08, 2006 8:00 am
Secretary of State

09-08-2006 90001 031 ***558.75

DOCUMENT # P03000064670

1. Entity Name
MT. VERNON TITLE COMPANY



Principal Place of Business Mailing Address

**7601 EAST TREASURE DRIVE
SUITE 1701
NORTH BAY VILLAGE, FL 33141**

**7601 EAST TREASURE DRIVE
SUITE 1701
NORTH BAY VILLAGE, FL 33141**

60038620



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01062006 Chg-P CR2E034 (11/05)

City & State City & State

4. FEI Number Applied For

20-0038117 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ZORRILLA, JUAN C
2200 SOUTH DIXIE HWY STE 705
MIAMI, FL 33133**

7. Name and Address of New Registered Agent

Name: **Zorrilla, Juan C.**

Street Address (P.O. Box Number is Not Acceptable): **1401 Brickell Avenue**

City: **Suite 570 Miami** State: **FL** Zip Code: **33131**

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: *Juan C. Zorrilla* DATE: *September 5, 2006*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	DV EDWARDS, RANDOLPH 3907 GREENWAY BALTIMORE, MD 21218	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSP ZORRILLA, JUAN C 2200 SOUTH DIXIE HWY STE 705 MIAMI, FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STecco, PATSY 7601 EAST TREASURE DRIVE, # 1702 NORTH BAY VILLAGE, FL 33141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Bretchen Schwarting Edwards 3907 Greenway Baltimore, Md 21218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSP Zorrilla, Juan C 1401 Brickell Ave, #570 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Juan C. Zorrilla* DATE: *September 5, 2006* Daytime Phone #: *(305) 860-3831*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR