

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000073140

Entity Name: TEAM TITLE SOUTH, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

980 N. FEDERAL HWY
SUITE 228
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

980 N. FEDERAL HWY
SUITE 228
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 81-0619398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, ILYSSA BETH
980 N. FEDERAL HWY
SUITE 228
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LONG, ILYSSA BETH
Address: 855 FORSYTH STREET
City-St-Zip: BOCA RATON, FL 33487

Title: VP () Delete
Name: LONG, LAWRENCE H
Address: 6923 QUEENFERRY CIRCLE
City-St-Zip: BOCA RATON, FL 33496

Title: VP () Delete
Name: FISHER, JOHN
Address: 7 VAN TASSEL COURT
City-St-Zip: LOUNDOONVILLE, NY 12211

Title: VP () Delete
Name: WALSH, MARY
Address: 3 GAY LYN DRIVE
City-St-Zip: ALBANY, NY 12205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILYSSA B. LONG

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date