2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000087522

Title:

Name:

Address:

City-St-Zip:

(X) Delete

200 WAYMONT COURT SUITE 122

LAKE HEATHROW, FL 32746

MCCLOUD, BRENDA J

FILED Apr 21, 2005 Secretary of State

| Entity Na | me: A1 LANL | TITLE COMPANY | | | | | |
|---|----------------------------|--|---|---|---|------------------------|-----------------|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
| P.O. BOX 952257 LAKE MARY, FL 32795 | | | | 200 WAYMONT COURT 122 LAKE MARY, FL 32746 | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| P.O. BOX LAKE MAF | 952257 RY, FL 32795 | 122 | 200 WAYMONT COURT 122 LAKE MARY, FL 32746 | | | | |
| FEI Number: 55-0842941 FEI Number Applied For () | | | FEI Number | Not Appli | cable () | Certificate of Statu | s Desired (X) |
| Name and | d Address of (| Na | Name and Address of New Registered Agent: | | | | |
| The above | HCOURT OD, FL 32750 | US US submits this statement for the | e purpose of cha | anging it | s registered | d office or registered | agent, or both, |
| SIGNATUI | | | | | | _ | |
| Election Car | | nic Signature of Registered A g Trust Fund Contribution (). | gent | | | Date | |
| OFFICERS AND DIRECTORS: | | | AD | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | WIMBISH, GEO 200 WAYMON |) Delete DRGE I COURT SUITE 122 OW, FL 32746 | | | PT PATEL, RAW 840 FINCH O LONGWOOD | COURT | |
| Title: Name: Address: City-St-Zip: | PATEL, RAME: 200 WAYMON |) Delete SH V F COURT SUITE 122 OW, FL 32746 | | | MCCLOUD, | FIELD DRIVE | |

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BRENDA J. MCCLOUD S 04/21/2005

() Change () Addition