


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90027 049 ***150.00

DOCUMENT # P03000095639		
1. Entity Name JACARANDA TITLE AND ESCROW, INC.		

Principal Place of Business 1801 NORTH PINE ISLAND ROAD STE. 102 PLANTATION, FL 33322	Mailing Address 1801 NORTH PINE ISLAND ROAD STE. 102 PLANTATION, FL 33322
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40000252



2. Principal Place of Business 1801 NORTH PINE ISLAND Suite, Apt. #, etc. Suite 103	3. Mailing Address 1801 NORTH PINE ISLAND ROAD Suite, Apt. #, etc. Suite 103
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01062005 Chg-P CR2E034 (10/03)

City & State PLANTATION, FL	City & State PLANTATION, FL
Zip 33322	Country USA

4. FEI Number 06-1706026	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOCKWOOD, ANDREW 1801 NORTH PINE ISLAND ROAD STE. 102 PLANTATION, FL 33322	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNGER, KEVIN 1801 NORTH PINE ISLAND ROAD STE. 102 PLANTATION, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1801 N. PINE ISLAND RD, SUITE 103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOWITT, BARRY 1801 NORTH PINE ISLAND ROAD STE. 102 PLANTATION, FL 33322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKWOOD, ANDREW 1801 NORTH PINE ISLAND ROAD STE. 102 PLANTATION, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1801 NORTH PINE ISLAND ROAD, SUITE 103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEHRMAN, SETH 1801 NORTH PINE ISLAND ROAD STE. 102 PLANTATION, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1801 NORTH PINE ISLAND ROAD, SUITE 103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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 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:  **Andrew Lockwood** **1/6/05** **954-472-6200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #