2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000130492

Entity Name: ALLEGIANCE TITLE OF FLORIDA'S WEST COAST, INC.

FILED Jan 13, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Plac	e of Business:	New Princi	pal Place of Business

11870 W STATE RD 84 3501 SOUTH DEL PRADO BLVD

SUITE 310

DAVIE, FL 33325 CAPE CORAL, FL 33904

Current Mailing Address: New Mailing Address:

11870 W STATE RD 84 3501 SOUTH DEL PRADO BLVD

SUITE 5 SUITE 310

DAVIE, FL 33325 CAPE CORAL, FL 33904

FEI Number: 20-0382442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OSMAL SANCHEZ
11870 W STATE RD 84
SUITE 5
SUITE 5

SUITE 5 SUITE 310 CAPE CORAL, FL 33904 US

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: OSMAL SANCHEZ 01/13/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: AMADOR, FELIPE Name: SANCHEZ, OSMAL
Address: 11870 W STATE RD 84 SUITE 5 Address: 3501 SOUTH DEL PRADO BLVD.

Address: 11870 W STATE RD 84 SUITE 5 Address: 3501 SOUTH DEL PRADO BLVD.
City-St-Zip: DAVIE, FL 33325 City-St-Zip: CAPE CORAL, FL 33904

Title: D (X) Delete Title: () Change () Addition
Name: SANCHEZ OSMAL Name:

 Name:
 SANCHEZ, OSMAL
 Name:

 Address:
 11870 W STATE RD 84 SUITE 5
 Address:

 City-St-Zip:
 DAVIE, FL 33325
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: OSMAL SANCHEZ D 01/13/2006