2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPURI	
DOCUMENT # P03000140620 1. Entity Name BROWARD TITLE SOLUTIONS, INC.	FILED 06 MAY 25 AN II: 06
Principal Place of Business 11776 W. SAMPLE RD. 106 POMPANO BEACH, FL 33065 Mailing Address 5250 SW 178 AVE SOUTHWEST RANCHES, FL 33:	I ISSUES IN SOUS INDUSTRIAL SERVICES HOLD STAN SERVICES AND STAN STAND THE STAND THE STAND THE STAND OF SERVICES AND SERVI
DO NOT WRITE IN THIS SPA	04272006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable 20-0654589 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ROOPCHAND, SOOKRANIE 5250 SW 178 AVE SOUTHWEST RANCHES, FL 33331	DO NOT WRITE IN THIS SPACE
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 NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.	ncing \$5.00 May Be 00075632142 Added to Fee6/01/06-01011-001 **200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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 trusted 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #	