2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000016153

Entity Name: BANYAN TITLE AND ESCROW, INC.

FILED Jan 09, 2006 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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2804 DEL PRADO BLVD 4808 EVANS AVENUE SUITE 106 SUITE 206

CAPE CORAL, FL 33094 FORT MYERS, FL 33901

Current Mailing Address: New Mailing Address:

2804 DEL PRADO BLVD 4808 EVANS AVENUE SUITE 106 SUITE 206

SUITE 106 SUITE 206 CAPE CORAL, FL 33904 FORT MYERS, FL 33901

FEI Number: 30-4223944 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:

SHAFFER, STEVEN O
2804 DEL PRADO BLVD
SUITE 106
SHAFFER, STEVEN O
4808 EVANS AVENUE
SUITE 206

SUITE 106 SUITE 206 CAPE CORAL, FL 33904 US FORT MYERS, FL 33901 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: 01/09/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PL() DeleteTitle:PRES(X) Change () AdditionName:SHAFFER, FRANK OName:SHAFFER, STEVEN OAddress:2804 DEL PRADO BLVD., SUITE 106Address:4808 EVANS AVE., SUITE 206

Address: 2804 DEL PRADO BLVD., SOFTE 106 Address: 4808 EVANS AVE., SOFTE 2
City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: FORT MYERS, FL 33901

Title: PL () Delete Title: VP (X) Change () Addition

Name: SHAFFER, STEVEN O Name: KEBER, VINCENT
Address: 2804 DEL PRADO BLVD., SUITE 106 Address: 4808 EVANS AVE., SUITE 206

City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: FORT MYERS, FL 33901

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

 Name:
 Name:
 SHAFFER, STEVEN O

 Address:
 Address:
 4808 EVANS AVE., SUITE 206

 City-St-Zip:
 City-St-Zip:
 FORT MYERS, FL 33901

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: STEVEN O. SHAFFER PRES 01/09/2006