2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P04000020207

Entity Name: PLATINUM TITLE INSURANCE, INC.

Current Principal Place of Business:

1133 BAL HARBOR BOULEVARD
SUITE 1135
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

12763 TAMIAMI TRAIL
NORTH PORT, FL 34287 US

Current Mailing Address:

1133 BAL HARBOR BOULEVARD
SUITE 1135
PUNTA GORDA, FL 33950 US

New Mailing Address:

12763 TAMIAMI TRAIL
NORTH PORT, FL 34287 US

FEI Number: 20-0681532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

BELKNAP, MATTHEW G
12763 TAMIAMI TRAIL
NORTH PORT, FL 34287 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: MATTHEW G. BELKNAP 05/01/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEOD ( ) Delete
Name: BELKNAP, MATTHEW G
Address: 27140 PARTIN DR
City-St-Zip: PUNTA GORDA, FL 33983

Title: PRS ( ) Delete
Name: BELKNAP, STEPHANIE A
Address: 27140 PARTIN DR
City-St-Zip: PUNTA GORDA, FL 33983

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change ( ) Addition
Name: BELKNAP, MATTHEW G
Address: 22181 RIVERHEAD AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: P (X) Change ( ) Addition
Name: BELKNAP, STEPHANIE A
Address: 22181 RIVERHEAD AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SEC ( ) Change (X) Addition
Name: PLUM, CINDY
Address: 27140 PARTIN DR
City-St-Zip: PUNTA GORDA, FL 33983

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: MATHEW G. BELKNAP CEO 05/01/2006
Electronic Signature of Signing Officer or Director Date