

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000047699

FILED
Apr 26, 2006
Secretary of State

Entity Name: SUNSHINE TITLE OF SOUTHWEST FLORIDA INC.

Current Principal Place of Business:

265 E MARION AVE., #115
PUNTA GORDA, FL 33950

New Principal Place of Business:

4419 DEL PRADO BLVD.
SUITE 3
CAPE CORAL, FL 33904

Current Mailing Address:

265 E MARION AVE., #115
PUNTA GORDA, FL 33950

New Mailing Address:

4419 DEL PRADO BLVD.
SUITE 3
CAPE CORAL, FL 33904

FEI Number: 11-3714391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDAL, JAMES F
265 E MARION AVE., #115
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

MEDAL, JAMES F
1401 SW 53RD LANE
CAPE CORAL, FL 33914 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: JAMES F. MEDAL

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MEDAL, JAMES F
Address: 265 E MARION AVE., #115
City-St-Zip: PUNTA GORDA, FL 33950

Title: SEC () Delete
Name: BENNETT, MICHAEL
Address: 265 E MARION AVE., #115
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MEDAL, JAMES F
Address: 1401 SW 53RD LANE
City-St-Zip: CAPE CORAL, FL 33914

Title: SEC (X) Change () Addition
Name: BENNETT, MICHAEL
Address: 1697 EDITH ESPLANADE
City-St-Zip: CAPE CORAL, FL 33904

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: JAMES F. MEDAL

VP

04/26/2006

Electronic Signature of Signing Officer or Director

Date