


FILED
May 25, 2005 8:00 am
Secretary of State

04-25-2005 90281 013 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000060379 1. Entity Name EMERALD TITLE COMPANY	
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Principal Place of Business 25241 ELEMENTARY WAY 205 BONITA SPRINGS, FL 34135 US	Mailing Address 25241 ELEMENTARY WAY 205 BONITA SPRINGS, FL 34135 US
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66018850



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02162005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LYONS, KEVIN M 3000 NORTH FEDERAL HIGHWAY 200 FORT LAUDERDALE, FL USA		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL	Zip Code

4. FEI Number 37-1488466	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRES. & DIR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN M. LYONS	NAME	
STREET ADDRESS	3000 N. FEDERAL HWY	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33306	CITY-ST-ZIP	
TITLE	TREAS. SEC & DIR. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD D. LYONS	NAME	
STREET ADDRESS	25241 ELEMENTARY WAY STE 205	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	CITY-ST-ZIP	
TITLE	V. PRES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESLIE LEHMAN	NAME	
STREET ADDRESS	2950 TAMiami TRAIL N. STE 19	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee 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: <i>Kevin M. Lyons</i> KEVIN M. LYONS <small>Signature and typed or printed name of signing officer or director</small>	Date: 4-21-05 <small>Date</small>	Daytime Phone #: 239-948-1888 <small>Daytime Phone #</small>
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