## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 09, 2006 08:00 AM Secretary of State DOCUMENT # P04000072200 1. Entity Name SIGNATURE TITLE AGENCY CORP. Principal Place of Business Mailing Address 198 BROADWAY AVE 198 BROADWAY AVE KISSIMMEE, FL 34758 KISSIMMEE, FL 34758 US 01062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 57-1204565 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent SERRANO, ZAIDA DO NOT WRITE 198 BROADWAY AVE KISSIMMEE, FL 34758 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DST TITLE OSORNO, FRECIA NAME STREET ADDRESS 198 BROADWAY AVE CITY-ST-ZIP KISSIMMEE, FL 34758 U000000379803 TITLE □1/10/06-80038-013 150.00° SERRANO, ZAIDA NAME STREET ADDRESS 198 BROADWAY AVE KISSIMMEE, FL 34758 CRY-SY-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the Information supplied with this filling 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 eath; 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

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other-like empowered.

6/06 407-933

FILED

Daytime Phone #