

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000076655

FILED
Jun 29, 2005
Secretary of State

Entity Name: USA LAND TITLE INC.

Current Principal Place of Business:

5020 TAMIAMI TRAIL N
SUITE 120
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

5020 TAMIAMI TRAIL N
SUITE 120
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 57-1206046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KWIATT, KENNETH
10088 GINGER POINTE CT
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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: _____

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: D,CH () Delete
Name: KWIATT, KENNETH
Address: 707 SKOKIE BOULEVARD, SUITE 405
City-St-Zip: NORTHBROOK, IL 60062 US

Title: D,VP () Delete
Name: CIESLA, E. MICHAEL
Address: 707 SKOKIE BOULEVARD, SUITE 405
City-St-Zip: NORTHBROOK, IL 60062 US

Title: D,P () Delete
Name: MARTIN, PATRICIA
Address: 2566 KINGS LAKE BOULEVARD
City-St-Zip: NAPLES, FL 34103 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,S (X) Change () Addition
Name: KWIATT, DIANE
Address: 10088 GINGER POINTE CT
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: D,V (X) Change () Addition
Name: CIESLA, KATHRYN L
Address: 707 SKOKIE BOULEVARD, SUITE 405
City-St-Zip: NORTHBROOK, IL 60062 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D, T () Change (X) Addition
Name: CURCIO, JOSEPH D
Address: 1512 WESTERN
City-St-Zip: PARK RIDGE, IL 60068 US

Title: D () Change (X) Addition
Name: CIESLA, ANNETTE H
Address: 535 HILLCREST BLVD.
City-St-Zip: HOFFMAN ESTATES, IL 60195 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHRYN L. CIESLA

V

06/29/2005

Electronic Signature of Signing Officer or Director

_____ Date