

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000088476

FILED  
Apr 03, 2006  
Secretary of State

Entity Name: FIRST PROPERTY TITLE SERVICES, INC.

## Current Principal Place of Business:

370 MINORCA AVENUE  
SUITE TWO  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

## Current Mailing Address:

370 MINORCA AVENUE  
SUITE ONE  
CORAL GABLES, FL 33134 US

## New Mailing Address:

370 MINORCA AVENUE  
SUITE TWO  
CORAL GABLES, FL 33134 US

FEI Number: 20-1218792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMSON, JOHN M ESQ  
370 MINORCA AVENUE  
SUITE ONE  
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: THOMSON, JOHN M  
Address: 370 MINORCA AVENUE, SUITE ONE  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP ( ) Delete  
Name: BELL, ALLETTE J  
Address: 370 MINORCA AVENUE, SUITE TWO  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP ( ) Delete  
Name: THOMSON, DOROTHY H  
Address: 370 MINORCA AVENUE, SUITE ONE  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: ST ( ) Delete  
Name: THOMSON, DOROTHY H  
Address: 370 MINORCA AVENUE, SUITE ONE  
City-St-Zip: CORAL GABLES, FL 33134 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: THOMSON, JOHN M  
Address: 370 MINORCA AVENUE, SUITE ONE  
City-St-Zip: CORAL GABLES, FL 33134 US

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

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

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

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: JOHN M. THOMSON

PRES

04/03/2006

Electronic Signature of Signing Officer or Director

Date