2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000098506

Entity Name: ACT TITLE COMPANY INC.

FILED Jan 18, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

4200 NW 16TH STREET 9900 W. SAMPLE RD

SUITE 503 SUITE 403

LAUDERHILL, FL 33313 US CORAL SPRINGS, FL 33065 US

Current Mailing Address: New Mailing Address:

4200 NW 16TH STREET 9900 W. SAMPLE RD

SUITE 503 SUITE 403

LAUDERHILL, FL 33313 US CORAL SPRINGS, FL 33065 US

FEI Number: 34-2001342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MURPHY, COLLIN
8765 FOREST HILLS BLVD
CORAL SPRIINGS, FL 33065
US
MURPHY, COLLIN
7325 NW 83RD AVE
TAMARAC, FL 33321
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: COLLIN MURPHY 01/18/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: MURPHY, C CEO Name: MURPHY, C CEO

 Address:
 4200 NW 16TH STREET, SUITE 503
 Address:
 9900 W. SAMPLE RD, SUITE 403

 City-St-Zip:
 LAUDERHILL, FL 33313
 City-St-Zip:
 CORAL SPRINGS, FL 33065

Title: VP (X) Delete Title: () Change () Addition

 Name:
 LEE, A VP
 Name:

 Address:
 4200 NW 16TH STREET, SUITE 503
 Address:

 City-St-Zip:
 LAUDERHILL, FL 33313
 City-St-Zip:

Title: VP (X) Delete Title: () Change () Addition

 Title:
 VP
 (X) Delete
 Title:

 Name:
 SOUTAR, M VP
 Name:

 Address:
 4200 NW 16TH STREET, SUITE 503
 Address:

 City-St-Zip:
 LAUDERHILL, FL 33313
 City-St-Zip:

Title: O (X) Delete Title: () Change () Addition

 Name:
 LATTY, D O
 Name:

 Address:
 4200 NW 16TH STREET, SUITE 503
 Address:

 City-St-Zip:
 LAUDERHILL, FL 33313
 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: COLLIN MURPHY P 01/18/2006