
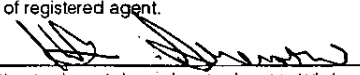


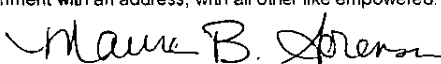
# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90228 034 \*\*\*150.00

<b>DOCUMENT # P04000117023</b> 1. Entity Name <b>FIRST FLORIDA GUARANTY TITLE, INC.</b>					
Principal Place of Business <b>5596 SE LAMAY DR. STUART FL 34997</b>			Mailing Address <b>5596 SE LAMAY DR. STUART FL 34997</b>		
2. Principal Place of Business <b>10696 South Federal Hwy</b> Suite, Apt. #, etc. <b>Suite C</b>		3. Mailing Address Suite, Apt. #, etc.  City & State <b>Port St. Lucie, FL</b>			
City & State <b>Port St. Lucie, FL</b>		City & State  		4. FEI Number <b>20-1485172</b>	
Zip <b>34952</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DOUGHTY, MICHAEL D 568 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34984</b>				7. Name and Address of New Registered Agent Name <b>Kirk Sorenson</b> Street Address (P.O. Box Number is Not Acceptable)  <b>5596 SE Lamay Drive</b> City <b>Stuart</b> <b>FL</b> Zip Code <b>34997</b>	
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  <b>Kirk Sorenson</b> DATE <b>4/19/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>SOENSON, MAURA B</b> STREET ADDRESS <b>5596 SE LAMAY DR.</b> CITY-ST-ZIP <b>STUART FL 34997</b>			TITLE <b>V.P.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Tammie Verlinger</b> STREET ADDRESS <b>213 SW Chapman Avenue</b> CITY-ST-ZIP <b>Port St. Lucie, FL 34984</b>		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  			TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  		
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  			TITLE  NAME  STREET ADDRESS  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:**  **Maura B. Sorenson** **4/19/05 772-335-3577**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #