
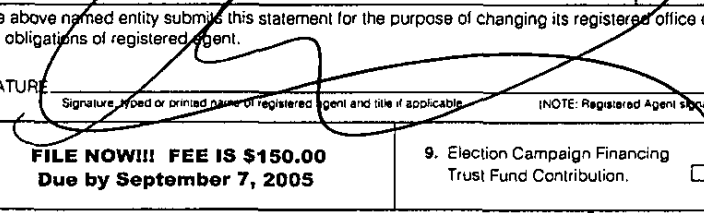


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000121207 1. Entity Name TITLE & MARKETING SERVICES OF SOUTH FLORIDA, INC.						FILED 05 OCT 12 PM 12:39 DEPT. OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 6073 BALBOA CIRCLE UNIT 203 BOCA RATON, FL 33433				Mailing Address 6565 N.W. 113th Way Parkland, FL 33076					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country					
4. FEI Number 14-1914903				Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				08102005 Chg-P CR2E034 (10/03)					
6. Name and Address of Current Registered Agent CHARLES R. BURNETT 6050 SOUTH VERDE TRAIL UNIT 405 BOCA RATON, FL 33433				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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 				DATE 10/10/05					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP PVS CARAMEROS, CYNTHIA H 6565 N.W. 113th Way Parkland, FL 33076				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 8/10/05				Daytime Phone # (954) 8153333	

October 10, 2005

Division of Corporations
2670 Executive Center Circle
Ste. 100
Tallahassee, FL 32301

Re: TITLE & MARKETING SERVICES
OF SOUTH FLORIDA, INC.
P04000121297

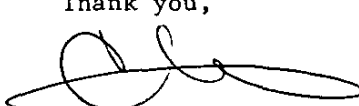
Dear Sir/Madam:

I am requesting that you kindly reconsider reinstating my corporation. I did not complete the Annual Report as I failed to have the Registered Agent sign and did not fill in my Federal Tax ID number, therefore, I am returning the document again.

In addition, I did not realize that I needed to change my address for mailing and thought I would get correspondence sent to me as the officer of the corporation which reflects the correct address.

I ask that you kindly accept the enclosures and reinstate my corporation.

Thank you,



CYNTHIA H. CARAMEROS
President